



Skipped Parts, LLC  
Counseling for Sexual Health and Wellness

**Skipped Parts, LLC**

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**Client Referral Form**

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>  <b>Preferred Location for services:</b>	<b>Social Security Number:</b>
	<b>Phone Number:</b>
<b>Referral Source: Case Manager/Probation Agent/Other/Self</b>  <b>Name:</b> _____  <b>Relationship:</b> _____  <b>Phone Number:</b> _____	<b>Workshop Referrals (Adult/Adolescent)</b>  An individual session for intake will be required prior to the workshop date. A fee billable to insurance or private pay will be charged for an intake session.  Skipped Parts, LLC will screen for appropriateness for workshop, complete paperwork/registration for attending.  Workshop fee is \$275 for the day and payment is needed to be received prior to date of workshop.
<b>Reason for referral: What do we need to know about the client? Please attach any information such as PSI, psychosexual or other documentation.</b>	<b><u>Assessment Clients</u></b> <i>If you are making a referral for a psychosexual, please identify the funding source and a contact person for billing purposes.</i>
	<b>Funding Source: (private pay/county)</b>  _____  <b>Assessment clients who are paying out of pocket are required to provide a deposit of 800.00 at the initial appointment and are required to pay the remaining balance to release the report.</b>