



Hennepin Healthcare Outpatient Mental Health Programs

Thank you for your interest in the intensive outpatient mental health programs at Hennepin Health.

IMPORTANT: This service is not intended for emergencies. If you are experiencing an emergency, please call 911 or go to the nearest Emergency Department. For urgent mental health support, you can also call the 988 Suicide & Crisis Lifeline.

When we receive your referral, we will contact the patient to schedule an intake. All patients are required to complete an intake to determine if the program is the best fit for them at this time.

The Partial Hospital Program is a comprehensive full-day program of services that also includes psychiatric medication evaluation and management services. This program runs Monday through Friday and daily attendance is expected for the roughly three week duration of the program.

The program hours are 9:00am – 3:00pm.

The Day Treatment Program offers a variety of services designed to restore or increase functioning for patients who are struggling with mental health disorders. Depending on the track, patients attend either 3 or 4 days per week for 3 hours. Programming is offered in the morning as well as the afternoon. Length of stay varies based on track and/or patient need. Patients typically attend Day Treatment for 2-4 months.

If you have any questions about either program, please call:

Partial Hospital Program Phone number: (612) 873-2212

Day Treatment Program phone number: (612) 873-4304



External Referral Form

Referral Provider Information:

Name: _____

Clinic or Hospital: _____

Phone #: _____

Reason for referral:

Patient Information:

Name: (including preferred name) _____ Preferred Pronouns: _____

DOB: _____ Primary Language: _____ Require interpreter? Yes / No

Mailing Address: _____

Current patient location if not living at the address above: _____

Best Phone # to reach the patient: _____ Alternative Phone # (if any): _____

Email: _____

Patient Insurance Information: _____

- ❖ Please note Medicare does not cover Day Treatment services. Patients will need additional coverage in addition to Medicare in order to attend DTP.

Current Psychiatric diagnoses: _____

Any Previous diagnoses: _____

Please explain why you believe the patient needs this level of care:

Please share any recent traumas or significant changes in the patient's life that may contribute to why they need this level of care:

Please share any potential challenges or barriers you see to the patient completing the program (i.e. transportation, childcare, ambivalence, therapy interfering behaviors):

Is the patient in need of medication evaluation or management at this time? Yes / No



Are there other providers working with this patient that we should be aware of? Yes / No
(if yes, please complete the following information)

Psychiatrist or advanced-practice psychiatric provider: _____

Clinic: _____ Phone #: _____

Psychologist or therapist: _____

Clinic: _____ Phone #: _____

Case manager: _____

Organization: _____ Phone #: _____

Other: _____

Clinic: _____ Phone #: _____

What (if any) other services does the patient currently receive? _____

*Is this patient currently under commitment or court order? Yes / No

*Does this patient have a legal guardian? Yes / No

*Does the patient have a history of sexual violence, significant antisocial traits, history of predatory behaviors, or recent history of aggressive behavior that we should be aware of? Yes / No

*Does the patient have a 1:1 in their living facility for behavior problems, need help with toileting, or need assistance with transfers? Yes / No

Please send this completed form and any supporting documentation by fax to the numbers below:

Note: Do not just send a DA or Progress Notes without completing this form. Thank you!

Partial Program Fax number: (612) 873-1697

Day Treatment Fax number: (612) 904-4304

*please note that these are not exclusionary criteria, but will be considered in the placement of the patient to the appropriate care.