# SISKIYOU COUNTY

## Health and Human Services Agency

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*Deputy Director of Behavioral Health Division*

# REFERRAL FORM

Please complete this section in its entirety

**Date** _____ **Client's Name** _____ **ID # (if applicable)** _____

**Age** _____ **DOB** _____ **SSN #** _____ **Phone #** _____

**Address** _____

**Parent, Guardian or Other Contact Person** _____

**Relationship** _____ **Phone Number if Different from Client's** _____

**Medi-Cal Client?** ☐ **No** ☐ **Yes** ☐ **Unknown** **Member ID** _____ **If not Siskiyou, County of Responsibility** _____

**REFERRING AGENCY** - **Choose One**

- ☐ CPS or ☐ APS
  - ☐ Linkages
- ☐ Adult System of Care
- ☐ Substance Use Disorders Program
- ☐ CalWORKS
- ☐ Children's System of Care
- ☐ BH Medical Support
- ☐ Public Defender ☐ Conflict Counsel
  - ☐ Mental Health Diversion Program
- ☐ Probation
- ☐ Remi Vista, Inc.: ☐ TBS ☐ Rehab ☐ Ind Tx
- ☐ School-Based Mental Health and Wellness
- ☐ External Agency/School/Provider/Primary Care Physician

Name: _____

Phone Number:

**SERVICES REQUESTED** - **Choose at least one**

- ☐ Adult System of Care
- ☐ Substance Use Disorders Program
  - ☐ Parenting ☐ Seeking Safety
  - ☐ Life Skills ☐ Alcohol & Drug Education
  - ☐ Relapse Prevention ☐ Anger Management
- ☐ MH Groups-CalWORKS/Child Protective Services (CPS)
- ☐ Children's System of Care
  - ☐ MHSSA Tier 3 Services
  - ☐ Outpatient Treatment
  - ☐ Family Partner Peer
- ☐ BH Medical Support
- ☐ Remi Vista, Inc.: ☐ TBS ☐ Rehab ☐ Ind Tx
- ☐ External Agency/Provider/Primary Care Physician:

Name: _____

Phone Number:

Please explain in detail the reason for referral/medical necessity: (Required)

Diagnosis/Diagnostic Impression:

Medications:

Prescribing Physician(s) :

Additional Information:

Person Making Referral (Required) _____ Phone Number (Required) _____

**For BHD STAFF**: Referral Accepted? ☐ Yes ☐ No Initials _____ Date _____

If no, give reason _____

**BEHAVIORAL HEALTH DIVISION**

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Yreka, CA 96097
(530) 841-4100 / Fax (530) 841-4702

*South County Office*
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(530) 918-7200 / Fax (530) 918-7211