



OREGON DEPARTMENT OF HUMAN SERVICES (DHS)
REFERRAL FOR MORRISON OUTPATIENT SERVICES

PLEASE FAX COMPLETED FORM TO (with RELEASE OF INFORMATION)
CENTRAL INTAKE AT (503) 872-0659
or call Intake Call Center Phone # (503) 258-4381

Client: _____ DOB: _____

Oregon Health Plan # _____
Uninsured (if so, pls include the info below)
Hshld income _____ #of in hshld _____
*MCFS requires clients be eligible for OHP

Date of Referral: _____

Legal Guardian: _____ Relationship to client _____ Phone # _____

Person child lives with: _____ Relationship to client _____ Phone # _____

Client's address: _____

Client's school: _____

Parent/caregiver is aware of this referral and agrees to being contacted by Morrison? Yes No

Will family need a Spanish-speaking therapist? Yes No

Will family need other language interpreter services? Yes No If Yes, which language? _____

Referring DHS CMC/CW Name & Phone #: _____ EXT# _____

Branch: Gresham N/NE St. Johns Other:
New Market Midtown East

Service(s) Requested:

- Outpatient Mental Health
Outpatient Substance Use Services (ISUS)
Family Sexual Abuse Treatment (FSAT)
Counterpoint Outpatient (CPOP)

Identified Concerns/Observations: _____

Client's Primary Care Physician: _____ Phone No. _____

Significant illness/health information: _____

Medications: _____

Morrison Site requested:

- Irving 1500 NE Irving, #250 Portland, OR 97232 (503) 258-4555
Gresham 912 NE Kelly Ave, #200 Gresham, OR 97030 (503) 258-4600
Knott Office 11456 NE Knott Portland OR 97220 (503) 736-6500
Beaverton (WashCo) 14025 SW Farmington Rd. #160 Beaverton OR 97005 (503) 258-4495
Oregon City (ClackCo) 1713 Penn Lane, Ste B Oregon City, OR 97045 (503) 258-4545

MORRISON CALL CENTER STAFF WILL CONTACT PARENT/GUARDIAN TO SCREEN AND SCHEDULE INTAKE APPOINTMENT
This form is available on-line for download at www.morrisonkids.org - click on "Intake"