



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 Provider Name & Phone #: _____ **EXT** _____

Agency/Program: _____

Release of Information Obtained? ___ Yes (Please fax with this form) ___ No (though patient agreed to be called)

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”