



Community Integrated Health Services

Adult Outpatient Referral Form

Our Adult Outpatient program offers a full spectrum of behavioral health services. Based on individuals needs we can provide mental health services to include case management, prescriber services, and peers.

This is a voluntary program for individuals who are eligible for Medicaid, who have a primary behavioral health diagnosis, and who meet program eligibility standards.

Instructions:

- Please complete this referral form and attach a copy of your insurance card and any additional information if available.
- Submit this referral form and any attachments in person or via:
 - Email Scheduling@cihealthservices.com
 - Fax: (844) 554-3370 or (360) 748-4480
 - Postal Mail (see last page for mailing addresses.)
- CIHS will confirm receipt of the referral and will contact you within one business day of receipt of request.
- Check the county where you anticipate services being provided:
 - Cowlitz Lewis Grays Harbor Pacific
- How did you hear about us? _____

Referent Information

Are you Self Referring? Yes No (if yes skip to next section)

Agency Name: _____ Date: _____

Contact Name: _____ Phone: _____

Contact Email Address: _____

Individual Requesting Services

First & Last Name: _____ Date: _____

Birthdate: _____ Preferred Gender Pronoun: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Reason for Requesting Services

- | | | |
|--|---|--|
| <input type="checkbox"/> Behavioral Health Counseling Services | <input type="checkbox"/> Exploring Employment Opportunities | <input type="checkbox"/> Assistance with finding housing |
| <input type="checkbox"/> Medication Management | <input type="checkbox"/> Skill Building for Self-Care | <input type="checkbox"/> Other: |

Diagnosis (If Known) and/or Symptoms

Are you on a Less Restrictive Alternative (LRA) or Conditional Release (CR): No Yes

If yes, who is monitoring: _____

Community Integrated Health Services Mailing Addresses:
Cowlitz County: 1128 Broadway, Longview, WA 98632
Grays Harbor County: 618 W. Market Street, Aberdeen, WA 98520
Lewis County: 1707 Cooks Hill Road, Centralia, WA 98531
Pacific County: 335 Third Street, Raymond, WA 98577
Pacific County: 152 First Ave North, Ilwaco, WA 98624

Phone: (360) 261-6930 or (855) 303-4834 | Fax: (360) 748-4480 or (844) 554-3370
Website: www.cihealthservices.com

For Office Use Only:

Received By: _____ Date: _____

Received Via: Email Fax Mail In-Person Other _____

Provider One # _____