Community Integrated Health Services

Substance Use Disorder Outpatient Referral Form

Our SUD Outpatient program offers all levels of care to include Outpatient, intensive Outpatient, DUI assessments and deferred prosecution treatment. We work closely with other programs both internally and externally to meet the needs of the individuals to include detox placement and residential coordination.

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

- 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

☐ Referred by a Provider. Who: _____

Reason for Referral: _____

☐ Legal Issues: _____

☐ Pending Charges: _____

☐ Employment Related Issues: _____

☐ Self-Motivated Reasons: Explain:

☐ Other: _____

Diagnosis (If Known) and/or Symptoms

Previous Substance Use Treatment in the past to include outpatient, residential, and/or detox.
☐No ☐ Yes

If yes, with who and when: _____

Did you successfully complete the treatment? ☐ Yes or ☐ No

If no, what happened in your words?

Anything else you would like us to know about what brought you to CIHS?

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: 1616 S. Gold Street Suite #4, Centralia, WA 98531

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 # _____