



Community Integrated Health Services

Adult Outpatient Referral Form

Our Adult Outpatient program offers a full spectrum of behavioral health services. Based on individual 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:

- **Submit this referral form and any attachments via Fax: (844) 554-3370 or (360) 748-4480, in person, via email Scheduling@cihealthservices.com or by mail** (see next page for mailing addresses.)
- Please complete this referral form and attach a copy of your insurance card and any additional information if available.
- CIHS will confirm receipt of the referral and will contact you within seven business days of receipt of request.

Individual Requesting Services

Please select your county of residence:

- Cowlitz Lewis Grays Harbor Pacific

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Gender: Male Female Transgender
 Intersex Decline to Answer
 Unknown

DOB: _____

Phone #: _____

Provider One #: _____

Reason for Requesting Services

- Behavioral Health Counseling Services
- Medication Management
- Skill building for self-care
- Exploring Employment Opportunities
- Assistance with identifying benefits and other funding/financial resources
- Assistance with finding housing
- 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 (CIHS)

Cowlitz County Mailing Address: 1128 Broadway, Longview, WA 98632

Grays Harbor County Mailing Address: P.O. Box 178, Hoquiam, WA 98550

Lewis County Mailing Address: P.O. Box 579, Centralia, WA 98531

Pacific County Mailing Address: 308 Commercial Street, Raymond, WA 98577

Phone: (360) 261-6930 or (855) 303-4834 | **Fax:** (360) 748-4480 or (844) 554-3370

Website: www.cihealthservices.com

For Office Use Only:

Date Received:

Received Via: Fax In Person Mail Other: