



# 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](mailto: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](http://www.cihealthservices.com)

**For Office Use Only:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Received Via:  Email  Fax  Mail  In-Person  Other \_\_\_\_\_

Provider One # \_\_\_\_\_