

OREGON DEPARTMENT OF HUMAN SERVICES (DHS)
REFERRAL FOR MORRISON OUTPATIENT SERVICES

PLEASE FAX COMPLETED FORM TO
CENTRAL INTAKE AT (503) 872-0659
Or call Intake Call Center Phone (503) 258-4381

Client: _____	DOB: _____
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___ 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, pls specify?** _____

Referring DHS CMC/CW Name & Phone: _____ **EXT#** _____

Branch: ___ Gresham ___ N/NE ___ St. Johns ___ Other _____
___ New Market ___ Midtown ___ East

Services Requested: _____

Identified Concerns/Observations: _____

Client's Primary Care Physician: _____ **Phone** _____

Significant illness/health information: _____

Medications: _____

Morrison Site requested:

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> Division Office
1818 SE Division St
Portland, OR 97202
(503) 258-4320 | <input type="checkbox"/> Irving Office
1500 NE Irving, #250
Portland, OR 97232
(503) 258-4555 | <input type="checkbox"/> W.Gresham
2951 NW Division
Gresham, OR 97030
(503) 258-4600 | <input type="checkbox"/> Knott Office
11456 NE Knott
Portland OR 97220
(503) 736-6500 | <input type="checkbox"/> Beaverton (WashCo)
14025 SW Farmington Rd #160
Beaverton OR 97005
(503) 258-4496
<small>(call direct to schedule at this office)</small> |
|--|---|--|---|--|

**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”