

**REFERRAL FOR MORRISON**  
**OUTPATIENT SERVICES**

**PLEASE FAX COMPLETED FORM TO (with RELEASE OF INFORMATION)**  
**CENTRAL INTAKE AT (503) 872-0659**  
or call Intake Call Center Phone # (503) 258-4381

<b>Client:</b> _____	<b>DOB:</b> _____
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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, which language?** \_\_\_\_\_

**Referring Provider Name & Phone #:** \_\_\_\_\_ **EXT#** \_\_\_\_\_

**Agency/Program:** \_\_\_\_\_

**Release of Information Obtained?** \_\_\_ Yes (Please fax with this form) \_\_\_ No (though patient agreed to be called)

**Services Requested:** \_\_\_\_\_

**Identified Concerns/Observations:** \_\_\_\_\_

**Client's Primary Care Physician:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Significant illness/health information:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Morrison Site requested:**

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> <b>Division Office</b><br>1818 SE Division St<br>Portland, OR 97202<br>(503) 258-4320 | <input type="checkbox"/> <b>Irving Office</b><br>1500 NE Irving, #250<br>Portland, OR 97232<br>(503) 258-4555 | <input type="checkbox"/> <b>W.Gresham</b><br>2951 NW Division<br>Gresham, OR 97030<br>(503) 258-4600 | <input type="checkbox"/> <b>Knott Office</b><br>11456 NE Knott<br>Portland OR 97220<br>(503) 736-6500 | <input type="checkbox"/> <b>Beaverton (WashCo)</b><br>14025 SW Farmington Rd. #160<br>Beaverton OR 97005<br>(503) 258-4496<br><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](http://www.morrisonkids.org) – click on “Intake”**