

MULTNOMAH COUNTY HEALTH DEPARTMENT
REFERRAL FOR MORRISON OUTPATIENT SERVICES

****PLEASE FAX COMPLETED FORM (AND RELEASE OF INFORMATION)
TO INTAKE CALL CENTER AT (503) 872-0659****
(Or call Intake Call Center Phone # (503) 542-3025)

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: _____

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 Medical Provider & Phone #: _____ **EXT#** _____
Clinic: ___ East County ___ Northeast ___ Westside ___ La Clínica de Buena Salud
 ___ Mid-County ___ Southeast ___ N. Portland ___ School Based (Site)

Release of Information Obtained? ___ Yes (Please fax with this form) ___ No (though patient agreed to be called)
Send copy of completed Mental Health Assessment to provider listed? ___ Yes ___ No

Services Requested: _____

Identified Concerns/Observations: _____

Client's Primary Care Physician: _____
Significant illness/health information: _____
Medications: _____

Morrison Site requested:

- | | | | |
|--|---|--|---|
| ___ Division Office
1818 SE Division St
Portland, OR 97202
(503) 258-4320 | ___ Irving Office
1500 NE Irving, #250
Portland, OR 97232
(503) 258-4555 | ___ W.Gresham
2951 NW Division
Gresham, OR 97030
(503) 258-4600 | ___ Knott Office
11456 NE Knott
Portland OR 97220
(503) 736-6500 |
|--|---|--|---|

**MORRISON CALL CENTER STAFF WILL CONTACT PARENT/GUARDIAN
TO SCREEN AND SCHEDULE INTAKE APPOINTMENT**