



PLEASE CHECK ONE:

Phone Call Voice Mail Walk In Appointment Fax Court Ordered

**YAKAMA NATION BEHAVIORAL HEALTH PROGRAM
SERVICE REQUEST FORM**

Date: ____/____/____ Time: _____ am/pm Location: _____

Referent Name: _____ Phone Number: () _____

Relationship to Patient: Parent Family Member/Friend Social Worker
School Counselor/Teacher Medical Provider Counselor Corrections

Name of School/Agency/Dept: _____

Type of Service: Individual Family Domestic Violence Perpetrator Treatment Crisis Management
Anger Management Victim Resource Program (VRP) Rx Management

Patient Name: _____ DOB: _____ Age _____

Address: _____ Cell Phone #: _____

City & State: _____ Work: _____ **IHS Chart #:** _____

May we identify ourselves and leave a message YES NO

How do you identify yourself: Male Female Transgender Other

If Patient is Child, Who is Legal Guardian: _____

Guardian Supportive of Counseling? YES NO

Does Patient have Indian Health Service Chart? YES NO Chart #: _____

Patient Insurance: Medicaid/Medicare Private Insurance Please submit a copy for our records

School: _____ Grade: _____ Teacher: _____

REASON FOR REFERRAL OR SERVICES: _____

Is Patient on Medication? YES NO Please Describe: _____

At your 1st Session, please bring your medications and/or supplements

*****DANGER OF HURTING SELF OR OTHERS? ***** YES NO Describe: _____

Has Client contacted Behavioral Health in the past? YES NO

When? & Counselor's Name: _____

If requesting an EVALUATION/ASSESSMENT/TESTING, please provide a Letter from the requesting Agency describing need.

Are there any Special Needs? YES NO Describe: _____

Are you a registered sex Offender? YES NO If so, Level: _____

Please indicate if you are a perpetrator of: Domestic Violence (DV); Child abuse; Sexual assault

Preferred Appointment Times: 8am-5pm 5pm-8pm Therapist: Male Female Either

Notes: _____

*****FOR OFFICE USE***** Intake Date/Intake Specialist: _____ Completed YES NO

Assigned Therapist: _____ Date: _____

Patient Contacted On: ____/____/____ 1st Appointment Date/Time: _____

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