



# Spokane Tribe Behavioral Health Program

PO Box 540; 6228 Old School Rd., Wellpinit, WA 99040 PH: 509-606-2018 FX: 509-258-4480

DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADULT  (18+)      ADOLESCENT  (12-17)      CHILD  (5-12)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRIBE: \_\_\_\_\_ MEDICAID: YES  NO

CLIENT PHONE: \_\_\_\_\_ Other Insurance: YES  NO

### REASON FOR REFERRAL:

MENTAL HEALTH <input type="checkbox"/>	SUBSTANCE USE <input type="checkbox"/>	MEDICATION ASSISTED TREATMENT <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	COURT ORDERED YES <input type="checkbox"/> NO <input type="checkbox"/>	ORDER ATTACHED: YES <input type="checkbox"/> NO <input type="checkbox"/>
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### LIST PROBLEMS IDENTIFIED:

### PRESENT SITUATION:

### RELEASES SIGNED: YES NO i.e., courts, schools, emergency contact, parent/guardian, probation etc.

REFERRAL TYPE:	Self <input type="checkbox"/>	FROM IHS MAT <input type="checkbox"/>	IHS (OTHER) <input type="checkbox"/>	Other School <input type="checkbox"/>	PREVENTION <input type="checkbox"/> VOC. REHAB <input type="checkbox"/>
	Family <input type="checkbox"/>	TO IHS MAT <input type="checkbox"/>	WSD HS/MS <input type="checkbox"/>	DV PROGRAM <input type="checkbox"/>	
	IN-HOUSE <input type="checkbox"/>		WSD Elem. <input type="checkbox"/>	DCFS <input type="checkbox"/>	
	COURTS <input type="checkbox"/>		Boys & Girls Club <input type="checkbox"/>		

### OFFICE USE ONLY

MONTHLY REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>	REQUEST FOR DIAGNOSIS AND RECOMMENDATION? YES <input type="checkbox"/> NO <input type="checkbox"/>
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REFERRANT NAME:	ASSIGNED MH COUNSELOR	ASSIGNED SUD COUNSELOR

ACTIONS TAKEN:	CONTACT ATTEMPTS:
CONTACTED BY PHONE YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE: _____ DATE: _____
CONTACTED BY MAIL YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE: _____ DATE: _____
APPOINTMENT BOOKED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE: _____ DATE: _____
DATE: _____	DATE: _____ DATE: _____
BAD PHONE # <input type="checkbox"/>	DATE: _____ DATE: _____
REFUSED SERVICES <input type="checkbox"/>	DATE: _____ DATE: _____