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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