



This referral form can be used by an employer, agency, doctor or other concerned person. Services will not commence until referred makes contact with Umatilla County Human Services.

UMATILLA COUNTY HUMAN SERVICES REFERRAL FORM

Pendleton Clinic	17 SW Frazer Ave, Ste 282	Pendleton, OR 97801	(541) 278-6330	FAX	(541) 278-5419
Hermiston Clinic	435 E. Newport	Hermiston, OR 97838	(541) 564-9390	FAX	(541) 564-9389
Milton-Freewater Clinic	707 E. Broadway	Milton-Freewater, OR 97862	(541) 938-3988	FAX	(541) 278-5419

FAX TO: Pendleton (541) 278-5419 or Hermiston (541) 564-9389
Or EMAIL: uchs@umatillacounty.net

Client Name: _____ **DOB:** _____

Address, City, State, Zip: _____

Contact Phone #: _____ **Message Phone #:** _____

Referred by (Name): _____ **Agency:** _____

Date of Referral: _____ **Phone #:** _____

Email Address: _____ **Fax #:** _____

Reason for referral: _____

Alcohol & drug related concerns:

- | | |
|---|---|
| <input type="checkbox"/> A/D use affecting work/education | <input type="checkbox"/> Housing problems |
| <input type="checkbox"/> A/D use associated with violence | <input type="checkbox"/> Transportation problems |
| <input type="checkbox"/> A/D use affecting parenting/marriage | <input type="checkbox"/> Legal/Criminal involvement |
| <input type="checkbox"/> A/D use associated with mental health concerns | <input type="checkbox"/> Other: _____ |

Known alcohol/drug use history: _____

Suggest client attend:

- | | | |
|--|--|---|
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Outpatient | <input type="checkbox"/> Intensive Outpatient |
| <input type="checkbox"/> Gambling Treatment | <input type="checkbox"/> DUII Information/Rehabilitation | <input type="checkbox"/> Screening/Assessment |
| <input type="checkbox"/> Residential/Detoxification Referral | <input type="checkbox"/> Parenting Skills | <input type="checkbox"/> Cognitive Behavioral/Life Skills |
| <input type="checkbox"/> Relapse Prevention/Aftercare | <input type="checkbox"/> Anger Management/Coping Skills | |
| <input type="checkbox"/> Other: _____ | | |

I understand the content of this referral form and agree to this information being shared with Umatilla County Human Services. All information is confidential. *

Client Signature

Witness

Date