



## Intercultural Counseling Center

Counseling

Medication Management\*\* *See note below.*

Email referral form to: [Counseling@CCOregon.org](mailto:Counseling@CCOregon.org) or fax to: (503) 688-2617

<b>Client Name</b>			
First:	Middle:	Last:	
Pronouns:		DOB (mm/dd/yyyy):	
Language(s) Spoken:		Do you need an interpreter?	
Health Insurance (please indicate Mental Health plan coverage):		Member ID (if Medicare, please enter MBI):	
<b>Address</b>			
Street/Apt:			
City:	State:	Zip:	County:
Telephone:		OK to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email (if available):		Preferred method of contact: <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Phone call	
<b>Emergency Contact</b>			
Name:	Relation:	Telephone:	
<b>Referred By</b>			
Name:		Position:	
Agency:		Telephone:	
Obtained Verbal Consent for Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No		Would you like us to contact the person who referred you? <input type="checkbox"/> Yes, ROI attached. <input type="checkbox"/> No	
<b>Reason for Referral:</b> What are you hoping to accomplish/resolve/work on/ in counseling?			

**\*\*The Intercultural Counseling Center offers clients access to psychiatric medication management, when appropriate. This is determined on a case-by-case basis. For all clients who receive medication management, the expectation is that the client will be actively engaged in counseling services, either at Catholic Charities or with an external provider.**