



Cowlitz Tribal Health Seattle

15455 65th AVE SOUTH TUKWILA, WA 98188

BEHAVIORAL HEALTH MAIN: 206.721.5170

BH FAX: 206.721.6288

CHEMICAL DEPENDENCY MAIN: 206.721.5179

CD FAX: 206.453.4404

REFERRAL FOR COUNSELING SERVICES

Please fill this form out as completely as possible to ensure we can provide each client with the best services and assignments possible!

DATE: _____

Circle One: Male/Female

NAME: _____ DOB: _____

ADDRESS: _____ HOME PHONE: _____

EMAIL ADDRESS: _____@_____

TRIBAL AFFILIATION: _____ ENROLLED or a DESCENDENT? _____

Can you provide documentation? (Tribal ID, BIA Cert, Etc) _____

**Please provide tribal affiliation documentation (BIA Certs, Tribal ID, Cert of Indian Blood, Etc.) along with this referral form.*

PRIMARY INSURANCE INFORMATION:

Primary Insurance Company Name: _____

Policy Holder Name: _____ Policy Holder Birth date: _____

ID# _____ Phone # on back of Card: _____

PERSON REFERRING: _____ Phone: _____

RELATIONSHIP TO CLIENT: _____ EMAIL: _____@_____

LIST AREAS OF CONCERN:

What services are you seeking from us? (Check all that apply)

Individual counseling Family counseling Group Therapy Chemical Dependency

Other: _____

How did you hear about us? _____

SIGNATURE: _____ DATE _____

(If verbal approval please specify)