



SISKIYOU COUNTY

Health and Human Services Agency

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Deputy Director of Behavioral Health Division

Date _____ Client's Name _____ ID # (if applicable) _____

Age _____ DOB _____ SSN # _____ Phone # _____

Address _____

Parent, Guardian or Other Contact Person _____

Relationship _____ Phone Number if Different from Client's _____

Medi-Cal Client? No Yes Unknown, Member ID # _____ If not Siskiyou, County of Responsibility _____

REFERRING AGENCY

- CPS/APS (check box and circle one)
 - Linkages
- Adult System of Care
- Substance Use Disorders Program
- CalWorks
- Children's System of Care
- BH Medical Support
- Public Defender
 - Mental Health Diversion Program
- Probation
- Remi Vista, Inc.: TBS Rehab Ind Tx PCIT
- External Agency/Provider/Primary Care Physician

Name: _____

Phone Number: _____

SERVICES REQUESTED

- Adult System of Care
- Substance Use Disorders Program
 - Parenting Life Skills
 - Relapse Prevention
- MH Groups
 - Self-Awareness Mental/Emotional Wellness
- Children's System of Care
- BH Medical Support
- Remi Vista, Inc.: TBS Rehab Ind Tx PCIT
- External Agency/Provider/Primary Care Physician:

Name: _____

Phone Number: _____

Reason for Referral/Medical Necessity _____

Diagnosis / Diagnostic Impression _____

Medications _____

Prescribing Physician(s) _____

Additional Information _____

Person Making Referral _____ Phone Number _____

For BHD STAFF: Referral Accepted? Yes _____ No _____ Initial _____ Date _____

If no, give reason _____

BEHAVIORAL HEALTH DIVISION

North County (Main) Office
2060 Campus Drive
Yreka, CA 96097
(530) 841-4100 / Fax (530) 841-4702

South County Office
1107 Ream Avenue
Mt. Shasta, CA 96067
(530) 918-7200 / Fax (530) 918-7211