



LifeWorksNW Referral Form

Please complete this form with a Release of Information attached and fax to—ATTN: Intake 503-629-8517, or email it to intakereferrals@lifeworksnw.org. If you need assistance filling out this form, please contact our intake department at 503-645-9010.

IMPORTANT: LifeWorksNW's medical records are held under HIPAA restrictions. We require a Release of Information Authorization if you are not considered a covered entity. If you are not a covered entity, please attach the required authorization or use the one that is included, otherwise we will not be able to complete this referral or be able to confirm engagement.

Today's Date: _____

Referral Information

Contact regarding this referral (referring person/patient/other): _____

Name: _____

Phone number: _____

Fax number: _____

Email: _____

Agency: _____

Services for (self, client, child, spouse/partner, parent, other): _____

Heard about LifeWorks NW from: _____

Type of service requesting: _____

Preferred location: _____

Reason for referral: _____

Client information

Client's first name: _____

Client's last name: _____

Client's DOB: _____

Client's phone number: _____

Client's alternate phone number: _____

Client's email address: _____

If client is under the age of 18, guardians full name: _____

Guardian's phone number: _____

Client's address: _____

Client's city: _____

Client's state: _____

Client's ZIP code: _____

Preferred language: _____

Insurance Information

Policy Name: _____

Policy Number: _____

Client's PCP: _____

Client's PCP clinic: _____

Client's PCP phone: _____

Client's PCP FAX: _____