



# Counseling Services Referral Form

Use this form to tell us about yourself or your child and to request an appointment with a therapist.

We offer these types of therapy:

- Individual and family therapy for children and young adults ages 3 to 26
- Substance use counseling for youth and young adults to age 26
- IIBHT (In-Home Intensive Behavioral Health Treatment)

We can meet with you in person in Hood River or The Dalles or online via Telehealth. We accept and bill the Oregon Health Plan, or you may pay directly (private pay).

Please fill out this form to the best of your ability or call us at 541-436-0338 for help.

Email this form to [counseling@nextdoorinc.org](mailto:counseling@nextdoorinc.org) or fax to 541-386-3071.

**What type of help are you looking for?**      Individual Therapy      Substance Use      Skills Training  
 (Check all that apply)      Family Therapy      IIBHT

<b>Referring Person or Agency (if other than client or parent)</b>	<b>Referral Contact Phone &amp; Email</b>
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<b>Referral Date</b>	<b>Client Name</b>		<b>Preferred Name</b>	<b>Date of Birth</b>	<b>Gender</b>
School	Grade	Preferred Language:	English Spanish	Client OHP #	PacificSource #
	Client Address			Client Phone	
Client Email	Best contact method?		phone text email	OK to leave a message?	yes no

**Parent/Guardian Information**

<b>Parent or Guardian</b>	<b>Relationship to Client</b>	<b>Phone</b>	<b>Email</b>
Same Address as Client?    Yes    No, lives at:			
Preferred Language:    English Spanish	Best contact method?	phone text email	OK to leave a message?    yes no

<b>Other Custodial Parent</b>	<b>Relationship to Client</b>	<b>Phone</b>	<b>Email</b>
Same Address as Client?    Yes    No, lives at:			
Preferred Language:    English Spanish	Best contact method?	phone text email	OK to leave a message?    yes no

**Previous Counseling Experience:** Have you seen a counselor or therapist before or are you using any other therapy services at this time? Yes No

If Yes, please describe:

**Reasons for Seeking Counseling**

There are many reasons for you to seek counseling. We are here to work with you and help you reach your desired future. You should seek counseling because you want to improve your own mental health and want to be involved in your personal change and development. You should not be forced or coerced into counseling.

**Please tell us what issues you want help with during counseling:**

Check if you would rather wait to share this information until you meet with a counselor

- Abuse                                      Loneliness                                      Substance Use / Addiction                                      Suicidal Thoughts
- Trauma                                      Self Esteem                                      Eating Disorders                                      Self Harm
- Anger                                      Emotion Control                                      Gender Identity                                      Living or Personal Welfare
- Depression                                      Anxiety and Stress                                      Bereavement and Loss                                      Interpersonal Relationships
- ADHD/ADD                                      Autism Spectrum                                      Academic Problems                                      Thinking or Learning Difficulties

Other:

**Scheduling**

You and your counselor will agree upon a regular day, time, and location for your counseling sessions. Please tell us when you are available for sessions, your preferred location, and other information that will help us schedule your intake appointment.

**Preferred Location:**

- Hood River                                      The Dalles                                      Video                                      At School:

**Other Scheduling Information:**

**If you are not covered by Oregon Health Plan, you may pay directly.**

If, **yes**, what is your total household income?

Do you plan to pay directly? Yes No

# of People in Household:

Examples of Services and Fees	Standard Rate	*Reduced Rate
Mental Health Assessment	\$200	\$100
Individual Therapy - 1 hour	\$160	\$80
Individual Therapy - 30 minutes	\$80	\$40
Family Therapy - 1 hour	\$160	\$80
Mental Health Skill Building - 1 hour	\$100	\$50
Substance Abuse Assessment	\$200	\$100
Substance Abuse Individual Session - 1 hour	\$100	\$50
Substance Abuse Group Therapy	\$35	\$35

* Household Income for Reduced Rate		
# of People in Household	Per Month	Per Year
Single (client only)	\$3,765	\$45,180
2 People (client + 1 person)	\$5,110	\$61,320
3 People (client + 2 people)	\$6,455	\$77,460
4 People (client + 3 people)	\$7,800	\$93,600
5 People (client + 4 people)	\$9,145	\$109,740
6 People (client + 5 people)	\$10,490	\$125,880
7 People (client + 6 people)	\$11,835	\$142,020

Add \$1,345 per month or \$16,140 per year for each additional person.

Client Name

Client Signature

Parent or Guardian Name (if under 14)

Parent or Guardian Signature