

Lacey Office
4804 Lacey Blvd SE
Lacey, WA 98503
360-799-5782 Phone
360-539-1715 Fax



Longview Office
831 12th Ave
Longview, WA 98503
360-799-4556 Phone
360-539-1715 Fax

Referral to PMHS for Elementary School-Based Counseling Services

Student Name: _____ D.O.B. ____/____/____

Referred By: _____ Date of Referral: _____

Reason for Referral:

Anxiety: ___ Depression: ___ Suicidal Ideation: ___ Homicidal Ideation: ___
Self-Harming Behaviors: ___ Anger/Irritability: ___ Aggression: ___
Impulsivity/Inattention: ___ Behavioral Problems: ___
Other:

Additional Information:

School: _____ Grade: _____
Teacher: _____ Room Number: _____
Best Class/Time to pull student: _____

Contact Information:

Parent/Guardian: _____ Mother: ___ Father: ___ Other: ___
Parent Guardian Phone: _____ Cell: ___ Work: ___ Home: ___
Parent/Guardian: _____ Mother: ___ Father: ___ Other: ___
Parent Guardian Phone: _____ Cell: ___ Work: ___ Home: ___

Informed Consent to Services:

Parent/Guardian Signature Date: _____

Parent/Guardian Signature Date: _____

Please fax completed form to 360-539-1715 to initiate intake process.