



HINT: Select "File > Save As" to save a copy of the completed form.

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 4 to 26
- Substance use counseling for youth and young adults to age 26
- Maternal mental health support during pre-pregnancy, post-pregnancy, or with parenting issues.

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 or fax to 541-386-3071.

Referring Person or Agency (if not client, parent, or guardian)

Referral Contact Phone & Email

Referral Date		Client Name		Date of Birth		
Client OHP #		PacificSource #		School		
Client Address						
Client Phone		Client Email				
Is it OK to leave a message?*	Yes	No	What is the best contact method?	phone	email	text
Parent or Guardian				Relationship to Client		
Same address as client?	Yes	If No , what is address?				
Parent #1 Phone		Parent #1 Email				
Is it OK to leave a message?*	Yes	No	What is the best contact method?	phone	email	text
Other Custodial Parent				Relationship to Client		
Same address as client?	Yes	If No , what is address?				
Parent #2 Phone		Parent #2 Email				
Is it OK to leave a message?*	Yes	No	What is the best contact method?	phone	email	text

**NOTE: If a different person than you answers your phone, we will not say who we are or why we are calling. We will simply say that we will call back at another time.*

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

Do you plan to pay directly? No Yes

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

of People in Household:

* Household Income for Reduced Rate		
# of People in Household	Per Month	Per Year
Single (client only)	\$3,398	\$40,770
2 People (client + 1 person)	\$4,578	\$54,930
3 People (client + 2 people)	\$5,758	\$69,090
4 People (client + 3 people)	\$6,938	\$83,250
5 People (client + 4 people)	\$8,118	\$97,410
6 People (client + 5 people)	\$9,298	\$111,570
7 People (client + 6 people)	\$10,478	\$125,730

Add \$1,180 per month or \$14,160 per year for each additional person.

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



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What type of help are you looking for?
(Check all that apply)

Individual Therapy
Family Therapy

Substance Use Counseling
Maternal Mental Health Counseling

Skills Training

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 or Self Harm
Trauma	Self Esteem	Eating Disorders	Living or Personal Welfare
Anger	Emotion Control	Gender Identity	Spiritual/Personal Development
Depression	Anxiety and Stress	Sexual Relationships	Interpersonal Relationships
Phobia	Intrusive Thoughts	Childhood Issues	Thinking or Learning Difficulties
Psychosis	Personality Problems	Bereavement and Loss	Work or Academic Problems

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 (Hood River, The Dalles, at your school, or video), and other information that will help us schedule your intake appointment.

	8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

Preferred Location:

Hood River The Dalles Video

At School:

Other Scheduling Information:

Client Name

Client Signature

Parent or Guardian Name (if under 14)

Parent or Guardian Signature