Something Human Mental Health

Psychiatric Care . Therapy . Holistic Support

P: 971-500-5551
F: 971-529-1747
info@somethinghumanmentalhealth.com
8835 SW Canyon Ln, Ste 236, Portland OR 97225

Patient Referral Form

Referring Provider Information

Provider Name: Heleen Woest, LPC

License Type / Credentials: LPC

Date of Referral:

Practice / Organization: Life Solutions Counseling

Phone: 503-395-5522

Fax:

Email: heleen@lifesolutions.io

Preferred Contact Method: Email

Are you the patient's current therapist? ☐ Yes ☐ No

Patient Information

Patient First Name:

Last Name:

Date of Birth:

Phone:

Email:

Insurance Provider:

Member ID:

Clinical Information

Primary Diagnosis / Reason for Referral:

Current Medications:

Urgency Level: ☐ Routine ☐ Elevated ☐ Urgent

Clinical Summary / History

Please include relevant history, previous treatment, and any context that will help us serve this patient well.