LUTHERAN Community Services NORTHWEST

Health. Justice. Hope

Child and Family Counseling Program

3800 SW Cedar Hills Blvd.
Suite 288
Beaverton, OR 97005

Phone: (503)924-2448

Visit our web site at:
http://lcsnw.org/office/beaverton/

Child Counseling Referral Form

Please fax form to: Intake & Referral @ (503) 352-1088

- **Date Referred: _____**
- **Name of child being referred:_____**
- **Name of caregiver:_____**
- **Caregiver's Phone #:_____**
- **Is it ok to leave a message at this #:_____**
- **D.O.B.:_____**
- **Gender:_____**
- **Address:_____**

  _____
- **Language(s) child/caregiver speaks:_____**
- **Referent name and role:_____**
- **Referent Phone #: _____**
- **OHP Provider:_____**
- **OHP #:_____**
- **Does the caregiver know about the referral:_____**
- **Does the child know about the referral:_____**
- **Please describe the reason for referral:**

  _____

  _____

A United Way Agency

COA Council on Accreditation