



# Lassen County Behavioral Health

555 Hospital Ln Susanville CA 96130, Phone: 530-251-8108, Fax: 530-251-8394

Referring Agency: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Referral to:**  
**Behavioral Health/SUD Services**  
**Adult Services/Youth Services**  
**555 Hospital Ln. Susanville, CA 96130**  
**Main: 530-251-8108**  
**Fax: 530-251-8394**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Insurance: Yes No Insurance company: \_\_\_\_\_

Other Funding Source: \_\_\_\_\_

(If Minor) School: \_\_\_\_\_

If a minor, Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone#: \_\_\_\_\_

\*If minor over the age of 12, are Parent/Guardian aware of services: Yes No

### Reason for Referral

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A Release of Information should be obtained and attached to the referral form, and faxed to the referred agency. Release Of Information Obtained? Yes \_\_\_\_\_ No \_\_\_\_\_

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