

Referral Request
&
Authorization for Psychological Services

***Westwinds
Behavioral
Health***
***1721 Hewitt Ave # 411
Everett, WA 98201***

Name of Referred Person	Date of Referred	Referred Person's Phone Number
Address of Referred Person (Street, City, State)	Zip Code	Alternate Phone Number of Referred

Name of Person Making the Referral	Relationship to Referred
Address of Person Making Referral	Home Phone
Type of services required <input type="checkbox"/> Individual <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> Addiction	Alternate Phone

Please provide a brief description of the current problematic issues which provide the basis for this referral

Please provide an amount or percentage of the fees to be paid by responsible party

The Referred	Third Party Assistance (specify Ward, Ins. Etc.)	Please contact Referrer

Signature of Person Making Referral

Date