KANIKSU COMMUNITY HEALTH

WHOLE HEALTH FOR YOUR WHOLE LIFE

www.kchnorthidaho.org

Behavioral Health Referral

Thank you for referring your patient to Kaniksu Community Health. We are honored to be a part of their care. **Before we can schedule your client**, we ask that you complete the following and return this form to us at (208) 265-0155. If you have any questions, please call us at (208) 263-7101.

Patient Name: _____ DOB: _____

Phone: _____ Address: _____

Referring Provider: _____ Referral Date: _____

Insurance type: _____ VA Authorization: _____

Medicaid Healthy Connections Referral #: _____

Please describe the reason for the referral:

Type of referral requested: (Please select ONLY ONE)

☐ Counseling: referral for consultation for counseling services ☐ Substance use counseling

☐ Medication Management: referral to establish care with a psychiatric provider who will provide an assessment and assume management of psychiatric treatment.

For all referrals, please include the following information (if applicable or available):

- Most recent progress notes
- Most recent laboratory studies
- Most recent ECG
- Past hospitalization records
- Complete mental health assessment and treatment plan
- Past genetic testing results
- Prior neuropsychiatric evaluation results

For Internal Use - Behavioral Health only

Reviewed by: _____

Action plan:

☐ Appropriate for any medication management provider

☐ Counseling/therapy requested Schedule with _____

☐ Other: _____

Providing our communities with quality, affordable & accessible healthcare

Bonners Ferry
6615 Comanche Street
Bonners Ferry, ID
83805
208.267.1718

Priest River
6509 Hwy. 2
Priest River, ID
83856
208.448.2321

Sandpoint
810 6th Ave.
Sandpoint, ID
83864
208.263.7101

Administration
301 Cedar St. Suite 206
Sandpoint, ID
83864
208.263.7101