

## Peer Wellness Support Referral Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Referring Person \_\_\_\_\_ Agency \_\_\_\_\_

Phone Number \_\_\_\_\_ email \_\_\_\_\_

Preference for initial contact:  Referring person  Individual

<p><b>Reason for referral:</b></p> <p><input type="checkbox"/> Pre-engagement (outreach)</p> <p><input type="checkbox"/> Finding way through system of care</p> <p><input type="checkbox"/> Health concerns and support</p> <p><input type="checkbox"/> Connecting to community and culture</p>	<p><input type="checkbox"/> Walking</p> <p><input type="checkbox"/> Reading for Wellness</p> <p><input type="checkbox"/> Other</p>
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**Strengths**

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**Opportunities for growth**

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**Things like to do and Interests**

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Please return to: Helen Lara, Peer Services Coordinator

Desk 503.566.2991

Cell 503.269.4527

Fax 503.361.2782

**Attached is copy of:**

Mental Health Assessment

ISP

Copy of MOTS