



OUTPATIENT MENTAL HEALTH

For local young people and families impacted by trauma, anxiety, depression and other profound challenges, Seneca's Outpatient Clinic offers individual and family therapy, intensive social-emotional support and crisis services, and psychiatry services.

Who is eligible for services?

Children and youth ages 5-18 who are King County Medicaid eligible

What are Seneca's service areas?

Primarily South King County, including South Seattle, West Seattle, White Center, Burien, Tukwila, SeaTac, Renton and Des Moines

Clinic Location

13925 Interurban Ave S
Suite 120
Tukwila, WA 98168

Referrals/Contact

(206) 490-0865
KCOutpatient@senecacenter.org

www.senecafoa.org



SENECA
FAMILY OF AGENCIES | UNCONDITIONAL CARE



Outpatient Referral Form

Call 206-490-0865; Email: KCOutpatient@senecacenter.org

Or send via confidential fax: 510-830-3596

Date of Referral:	Office Only		
Name of Referent:	INTAKE APPT DATE & TIME:		
Referent Phone No.:	THERAPIST ASSIGNED:		
Referent Email:	SCHEDULED BY:		
Relationship to Client:	SCHEDULED ON:		
CLIENT INFORMATION			
Name:	DOB:	Age:	
Ethnicity:	Primary Language:		
Gender:	Pronouns:		
Child/Youth Primary Address:			
Child/Youth Phone:	Voicemails? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Primary Caregiver(s) Name/Relationship to Youth:			
Phone:	Voicemails? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Email:	Primary Caregiver Language:		
Do you have primary insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Primary Insurance:	Policy/Member Number:		
Other Important Adults/Family Member(s)			
Name:	Relationship to Child/Youth:		
Name:	Relationship to Child/Youth:		
School:	Preferred location: Clinic School Virtual		
REASON FOR REFERRAL			
Presenting Symptoms (please circle all that apply):			
Suicidal Ideation	Depressed Mood	Tearful/Cries Often	Hyperactive
Suicide Attempt	Social Withdrawal	Easily Distracted	Poor Impulse Control
Physical Aggression	Verbal Aggression	Anxious	Fidgety
Paranoia	Hypervigilant	Obsessive Thoughts	Compulsive Behavior
Self-Mutilation	Phobias	Bedwetting	Nightmares
Hallucinations	Disrupted Sleep	Harmful to animals	Drug Use
Homicidal Ideation	Weight loss/gain	Poor social skills	Disrupted Attachment
Reasons for Referral to Therapy:			
Previous behavioral/mental health treatment? No <input type="checkbox"/> Yes <input type="checkbox"/>			
CONTACT (Check all that apply)			
Best days to contact: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>		Time of day: Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evening <input type="checkbox"/>	
INTAKE AVAILABILITY (Check all that apply)			
Best days for meeting: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>		Time of day: Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evening <input type="checkbox"/>	



OFFICE ONLY	
Client has active Medicaid with qualifying benefits plan: Yes <input type="checkbox"/> No <input type="checkbox"/>	Eligibility check completed on:
Is client receiving MH services with another agency? (King County Only) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Notes:	

CLIENT CONTACT & INTAKE TACKER (OFFICE ONLY)				
Date of Contact:	Staff Reaching Out:	Intake Date Offered:	Accept <input type="checkbox"/> Decline <input type="checkbox"/>	If Decline, reason why:
Date of Contact:	Staff Reaching Out:	Intake Date Offered:	Accept <input type="checkbox"/> Decline <input type="checkbox"/>	If Decline, reason why:
Date of Contact:	Staff Reaching Out:	Intake Date Offered:	Accept <input type="checkbox"/> Decline <input type="checkbox"/>	If Decline, reason why:
Date of Contact:	Staff Reaching Out:	Intake Date Offered:	Accept <input type="checkbox"/> Decline <input type="checkbox"/>	If Decline, reason why:
Notes:				
When the referral is completed please pass on to assigned therapist, HIS & Program Supervisor				