

## Oglala Lakota Division of Behavioral Health

## **Client Referral Form**

OL-DBH will honor all signed release of information forms (ROI), which must be submitted in tandem with this Referral Form if consultation regarding the client is anticipated.

Name					
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te of birth (mm/dd/yyyy)	Gender				
, , , , , , , , , , , , , , , , , , , ,		Female Tra	nsgender O	ther	
none	Alt Phone		_		
mail	Best time t	Best time to reach client			
Referral Information Reason for referral					
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eason for referral  ubstance use history (List substances used)  elevant medical history (psychiatric diagnos	s & chronic conditions)				
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