EXCELSIOR WELLNESS CENTER

PH: 509-559-3100 FAX:509-862-5421
E: admissions@excelsiorwellness.org
3754 W Indian Trail Rd, Spokane, WA 99208

EXCELSIOR WISE REFERRAL

DIRECTIONS:

- Email, Fax, or Mail this completed application ATTN: Admissions Coordinator.

Child/Youth Information

Last Name	First	Middle	☐ Male ☐ Female
Date of Birth	Age	Provider One #	

Address	Apt #	City	State	Zip

Has this youth had a CANS screen in the last 30 days? ☐ Yes ☐ No

Social Worker (if Applicable)

Name:

Best Contact Information

Parent/Guardian (PRIMARY) Information

Last Name	First Name	MI	DOB

Relationship to Client	Physical Custody? ☐ Yes ☐ No	Legal Custody? ☐ Yes ☐ No	Emergency Contact? ☐ Yes ☐ No

Address	Apt #	City	State	Zip

Best Contact Number	☐ Cell ☐ Home ☐ Work ☐ Other? _____	Can we leave a voicemail? ☐ Yes ☐ No	Best Time to Call?

Email Address:

Referring Agency Information

Agency:	Phone:
Provider Name:	CLIP/PCCA ☐ Yes ☐ No

Risk Factors (please check all that apply)

☐ Physical aggression	☐ Sexualized behavior	☐ Delusions/hallucinations
☐ Past suicide attempt	☐ Suicidal ideation	☐ Homicidal ideation
☐ Drug use/abuse	☐ Fire starting	☐ Animal abuse

Additional Notes/Reason for Referral: