

# Navigator Referral Form

**Katie Surma**



## Consent to Release Mental Health Information

I authorize the Pulaski County Navigator(s) to disclose and/or obtain information from agencies, individuals, and/or providers discussed during my appointment. \* (Please initial)

- Yes \_\_\_\_\_
- No \_\_\_\_\_

I authorize Pulaski County Navigator(s) to contact agencies, individuals, and/or providers discussed during my appointment. (Please initial)

- Yes \_\_\_\_\_
- No \_\_\_\_\_

I understand that this consent is subject to written revocation by me at any time this consent will expire upon termination from my involvement from the navigator program stated. (Please Initial)

- Yes \_\_\_\_\_
- No \_\_\_\_\_

I understand that I have read and consented or have had this consent form explain to me, and understand its composition and purpose. I understand my signature is voluntary (Please Initial)

- Yes \_\_\_\_\_
- No \_\_\_\_\_

Please Sign : \_\_\_\_\_

Date: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Consent Signed: Y/N

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Type: \_\_\_\_\_

Best way to contact: Call: \_\_\_\_ Email: \_\_\_\_ Txt: \_\_\_\_

Pending Court Case(s): \_\_\_\_\_

## Supportive Services Needed: (please circle all that apply)

Evaluation Therapy Medication Management In-patient  
Intensive outpatient Residential Detox Insurance Housing  
Food Transportation Case Management legal Financial Aid  
Medical Assistance Mental Health Other: \_\_\_\_\_

## Diagnosis:

Anxiety Depression Bipolar Schizophrenia Substance Abuse Disorder  
Other: \_\_\_\_\_

## Topic/Focus:

Grief Domestic Violence Sexual Abuse Sexual Assault Suicide  
Ideations Substance Abuse Trauma Sexuality Relationship Family  
Conflict Anger Self-esteem Eating Disorder Academic Pressure  
Religious Conflict Other: \_\_\_\_\_

## Age:

Child Preteen (12-15) Teen (16-18) Adult

**Under 18: Parent/Guardian must be present and sign for services.**

**Signature: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_**

## Preferences:

Male/Female In person/Telehealth

Local/Travel (if travel, is transportation needed) Y/N

Other: \_\_\_\_\_

## Availability:

Morning Afternoon Evening Weekends M T W Th F

Other: \_\_\_\_\_

Family Members Involved: \_\_\_\_\_

**Superior court  
Attn: Navigator  
110 E. Meridian St., Room 200  
Winamac, IN 46996  
574-205-9522  
[navigator@pulaskicounty.in.gov](mailto:navigator@pulaskicounty.in.gov)**