



Eight Northern Indian Pueblo's Council, Inc.
Butterfly Healing Center ARTC
PO Box 1597
Taos, NM 87571
(575) 751-7688
(575) 751-7208 (fax)
Referral Form



Contact Information	Email	Phone
Client Name and DOB		
Guardian Name		
Guardian Name		
Guardian Name		
JPO (If applicable)		
CBHC (If applicable)		
Case Worker (If applicable)		
Referring Person/Agency		

Presenting Problem (Why does this person need treatment)



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Safety Risks	Current	Historical (behavior > 1 year)	Denies
Suicide Attempt/Gesture			
Suicidal Ideations			
Self-Harm			
Elopement			
Physical Aggression			
Sexual Perpetration (Client aggressed or has been charged with sexual assault)			
Other (Please specify)			
Other (Please specify)			
Other (Please specify)			

Substance Use	Current	History > 1 year	Denies
Alcohol			
Marijuana			
Spice (K2 synthetic THC)			
Cocaine			
Heroin			
Methamphetamine			
Dextromethorphan (Triple C's)			
Other (Please specify)			
Other (Please specify)			
Other (Please specify)			

Diagnosis



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Symptoms		
<input type="checkbox"/> Depression	<input type="checkbox"/> Self- Harm	<input type="checkbox"/> Hallucinations
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Low Self esteem	<input type="checkbox"/> Disordered Thinking
<input type="checkbox"/> Sleep disturbances	<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Physical Aggression
<input type="checkbox"/> Change in eating Habits	<input type="checkbox"/> Poor interactions with peers, family, others	<input type="checkbox"/> Hyper active
Other (Please specify)		

Education		
School Name	Current Grade Level	
School Status	School Contact	
<input type="checkbox"/> Enrolled		<input type="checkbox"/> Disenrolled
<input type="checkbox"/> Suspended		<input type="checkbox"/> Expelled
Additional Notes (if any)		

Legal History

Guardianship, Current Living Situation, and Recommended Discharge Plan



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Placement/Treatment History	Dates of Service	Discharge Circumstances

Current Medications	Dosage	Indication

Additional Details

Submit the following documents in addition to this referral form:

- Most recent comprehensive assessment
- Most recent treatment plan
- Most recent discharge summary

To expedite the admission process, please include copies of the following along with the referral:

- CIB Card (if Native)
- Proof of Medicaid (or any other type of insurance)
- Social Security Card
- Birth Certificate
- Recent Physical from a Physician