KINGS COUNTY
behavioral health
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Behavioral Health Director

KINGS COUNTY
BEHAVIORAL HEALTH
460 Kings County Dr. Suite 101
Hanford, CA. 93230

Kings County Behavioral Health
Continuity of Care Form

Date of Request: ______________________

Last Name: __________________________ First Name: ______________________ Middle Name: ___________________

Medi-Cal or
Social Security #:_____________________ Date of Birth: ____________________ Gender: _______________________

Address: ____ Unit # (if applicable): _____________

City: _________________________________ State: ___________________________ Zip: ____________________________

Phone Number: ____________________________ Alternate Phone Number: _________________________

How long have you been in treatment with your provider: ____

What was the last date you were seen by your provider: ____

Provider Name: ________________________________ Provider's Phone #: _______________________________

Contact Person: ____

Signature: _______________________________________ Print Name: _____________________________________

Relationship to the Beneficiary: ____