A logo with a tree and text

AI-generated content may be incorrect.

*Comprehensive Community Services*

**Referral From**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Today’s Date:** | | **Referrer’s Name:** | | | | | | | | | **Referrer’s Phone #:** | | | | | | |
| **Referrer’s Organization:** | | | | | | **Referrer’s Email:** | | | | | | | | | | | |
| **Services to be provided to:** | | | **☐Consumer ☐ Parent/Guardian ☐ Sibling** | | | | | | **Name:** | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **CONSUMER DEMOGRAPHIC INFORMATION** | | | | | | | | | | | | | | | | | |
| **First Name:** | | | | **M.I.:** | **Last Name:** | | | **Pronoun Preference:** | | | | | **Date of Birth:** | | | | **Age:** |
| **Main Contact Phone:** | **Email:** | | | | | | **Primary Language:** | | | **Current School:** | | | | | | **Grade:** | |
| **Physical Address:** | | | | | | | **City: Reedsburg** | | | | | | | **State:** | **Zip:** | | |
| **Mailing Address *(If Different Than Physical)*:** | | | | | | | **City:** | | | | | | | **State:** | **Zip:** | | |

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| **PARENT/GUARDIAN INFORMATION** | | | | | | | |
| **First Name:** | | **M.I.:** | **Last Name:** | | | | |
| **Relationship:** | **Primary Language:** | **Primary Phone:** | | | **Email:** | | |
| **Is this person currently living with consumer? ☐** Yes **☐** No If no, please provide address below: | | | | | | | |
| **Address:** | | | | **City:** | | **State:**  I | **Zip:** |
|  | | | | | | | |
| **First Name:** | | **M.I.:** | **Last Name:** | | | | |
| **Relationship:** | **Primary Language:** | **Primary Phone:** | | | **Email:** | | |
| **Is this person currently living with consumer? ☐** Yes **☐** No If no, please provide address below: | | | | | | | |
| **Address:** | | | | **City:** | | **State:** | **Zip:** |

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| **CONSUMER’S TREATMENT GOALS:** | |
| **Goal #1:** |  |
| **Goal #2:** |  |

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| **PRESENTING NEEDS AND DIAGNOSES** |
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| **STRENGTHS/HOBBIES/INTERESTS/TALENTS/SKILLS** |
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| --- | --- | --- | --- |
| **SERVICES/PROVIDERS DESIRED** | | | |
| **☐ Diagnostic or Specialized Evaluations** | **☐ Group Therapy** | | |
| **☐ Family Therapy** | **☐** **Individual Psychotherapy *(Please Select Type)*** | | |
| **☐ Individual Skill Development** |  | **☐Mental Health - Trauma** | |
| **☐ Psychoeducation** |  | **☐ Substance Use** | |
| **☐ Screening & Assessment/ASAM** |  | **☐ Dual** | |
| **☐ Health Monitoring** | **☐ Recovery Education/Wellness Management** | | |
| **☐ Medication Management** | **☐ Other:** | |  |
| **☐ Employment Skills Training** |  | |

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| **AVAILABILITY/PREFERENCES** *(Please Check All That Apply)* | | | | | | | | | | | | | |
| **☐ Monday** | | | **☐ Tuesday** | | | **☐ Wednesday** | | | **☐ Thursday** | | | **☐ Friday** | |
|  | **☐ Morning** | |  | **☐ Morning** | |  | **☐ Morning** | |  | **☐ Morning** | |  | **☐ Morning** |
|  | **☐ Afternoon** | |  | **☐ Afternoon** | |  | **☐ Afternoon** | |  | **☐ Afternoon** | |  | **☐ Afternoon** |
|  | **☐ Evening** | |  | **☐ Evening** | |  | **☐ Evening** | |  | **☐ Evening** | |  | **☐ Evening** |
| **Preference(s):** | | **☐ Community** | | | **☐ Home** | | | **☐ Office** | **☐ Telehealth** | | **☐ No Preference** | | |

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| **PROVIDER PREFERENCES** | | | | | | | | |
| **Provider Type:** | | **☐** Bachelors | | | | **☐** Masters | | |
|  | | **☐** Nurse | | | | **☐** Occupational Therapist | | |
|  | | **☐** Psychologist | | | | **☐** Rehabilitative Worker | | |
|  | | **☐** Other: | |  | | | | |
| **Specific Provider Requested:** | | | |  | | **Provider Gender Requested:** | | No Pref |
| **LGBTQI+ Friendly:** | | | **☐** Yes **☐** No Preference | | **Treatment Modality:** | |  | |
| **Other:** |  | | | | | | | |

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| **OTHER IMPORTANT INFORMATION** |
| *(Cultural Factors, Scheduling, Health Issues, Court Orders, Transportation, etc.)* |
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