



North Central Health Care

Person centered. Outcome focused.

Behavioral Health Services Referral

DATE: _____

CLIENT INFORMATION

NAME: _____ DOB: _____ NCHC NO: _____
(If known)

PARENT/GUARDIAN NAME *(If applicable)*: _____ AGE: _____ GENDER: M F

PHONE: _____ LEAVE MESSAGE? YES NO

CELL PHONE: _____ LEAVE MESSAGE? YES NO

BEST TIME TO CONTACT: _____

ADDRESS: _____

COUNTY OF RESIDENCE: MARATHON LINCOLN LANGLADE

CLIENT IS BEING REFERRED BY:

ORGANIZATION AND/OR PERSON NAME: _____

PHONE: _____ IS CLIENT AWARE THIS REFERRAL IS BEING MADE? YES NO

EMAIL: _____

DO WE HAVE PERMISSION TO SEND YOU COMMUNICATION SUCH AS NEWSLETTERS AND UPDATES VIA EMAIL? YES NO

RELEASE OF INFORMATION INCLUDED? *(Not Required)* YES NO

SERVICES REQUESTED:

COMMUNITY TREATMENT

INTENSIVE OUTPATIENT PROGRAM (IOP)

LAKESIDE RECOVERY

SUBSTANCE ABUSE DAY TREATMENT

OUTPATIENT COUNSELING
(Mental Health and/or Substance Use)

OTHER _____

PSYCHIATRY

DEFLECTION PROGRAM

UNKNOWN _____

REASON FOR REFERRAL:

MEDICATION ASSISTANCE

BENEFITS COORDINATION

ACTIVITIES OF DAILY LIVING ASSISTANCE

SYMPTOM MANAGEMENT

SUBSTANCE ABUSE

EMPLOYMENT/EDUCATION ASSISTANCE

SOCIAL/RECREATIONAL

HOUSING

OTHER _____

PLEASE ELABORATE: _____

DIAGNOSIS (IF KNOWN) **AXIS I:** _____

AXIS II: _____

DOES THE CLIENT HAVE A CURRENT AODA OR MENTAL HEALTH COMMITMENT? YES NO

DOES THE CLIENT HAVE A GUARDIAN? YES NO

GUARDIAN NAME: _____ GUARDIAN PHONE: _____

GUARDIAN ADDRESS: _____

PAYOR SOURCE: MEDICAID *(BadgerCare, Foward Health, etc.)* MEDICARE PRIVATE INSURANCE SELF-PAY

PRIMARY PHYSICIAN/PSYCHIATRIST: _____

PLEASE MAIL, FAX OR EMAIL FORM TO:

<p>NCHC WAUSAU CAMPUS Referral Coordinator 2400 Marshall Street, Suite A Wausau, WI 54403 PHONE: 715.848.4311 FAX: 715.841.5118 outpatientreferrals@norcen.org Marathon County</p>	<p>NCHC MERRILL CENTER Referral Coordinator 607 N. Sales Street, Suite 309 Merrill, WI 54452 PHONE: 715.848.4311 FAX: 715.841.5118 outpatientreferrals@norcen.org Lincoln County</p>	<p>NCHC ANTIGO CENTER Referral Coordinator 1225 Langlade Road Antigo, WI 54409 PHONE: 715.848.4311 FAX: 715.841.5118 outpatientreferrals@norcen.org Langlade County</p>
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