



# 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:

#### 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

#### 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

#### NCHC ANTIGO CENTER

Referral Coordinator  
1225 Langlade Road  
Antigo, WI 54409  
PHONE: 715.848.4311  
**FAX: 715.841.5118**  
outpatientreferrals@norcen.org  
Langlade County