

Preferred Clinic Location:

- Chippewa Falls
- Eau Claire
- Hudson
- Menomonie
- Rice Lake

Referral Type:

- New Change Funding
- Add on Service

Service Place:

- Home Office
- School Other _____



CAILLIER CLINIC

— BEHAVIORAL HEALTH SERVICES —
2620 Stein Blvd

Eau Claire, WI 54701-2674

Phone 715-836-0064

Fax 715-836-0065

CCS REFERRAL FORM

Please send any referrals in a PDF file or if you have any questions regarding the referral process to: referral@caillierclinic.com

Send any authorizations to the referral email if not posted to your Share-point. We require: client name & DOB, authorization number, start/end date, units, and provider level.

Date: _____

Client's Legal First & Last Name: _____ Preferred Name: _____

DOB: _____ Gender: Male Female Other

Address: _____

Phone: _____ Email: _____

If Under 18:

Parent/Legal Guardian: _____

Address: _____

Legal Parent/Guardian: _____

Address: _____

CCS Worker: _____ Email: _____

County: _____ Phone: _____

GENERAL SERVICES

Evaluations/Testing:

- Neurocognitive
- Neuropsychological
- Psychological
 - Tier 1
 - Tier 2
- Parent Fitness w/ Report
- Trauma Eval
- Psychosexual (child/adolescent)
- AODA Assessment

Individual/Family Psych Education (Ind/Fam Psych Ed):

- Behavioral Intervention Team (BIT)
- Hands-On Parenting Education (HOPE)/Reunification
- Parent Aid (BIT)

Individual Skills Development Education (ISDE):

- Behavioral, Education, Skill, Therapy (BEST)
- Behavioral Intervention Team (BIT)
- Parent Aid (BIT)
- Sexual Boundaries
- Sex Offender Treatment (skill, group, therapy)(SOT)
- Therapeutic Skills

Psychotherapy:

- AODA
- Couples/Marriage
- Family
- Individual
- Type: _____

Groups:

- Dialectical Behavior Therapy (DBT)
- Sexual Offender Treatment (SOT)
- Social Skills
- Other: _____

Narrative:
