

Clinic Location:

Chippewa Falls  
Eau Claire  
Hudson  
Menomonie  
Rice Lake



**CAILLIER  
CLINIC**

— BEHAVIORAL HEALTH SERVICES —  
2620 Stein Blvd

Eau Claire, WI 54701-2674

Phone 715-836-0064

Fax 715-836-0065

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

Referral Type:

New    Returning    Add on Service

**REFERRAL FORM**

Date: \_\_\_\_\_

Client's Legal First & Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:    Male    Female    Other    Accommodations/Disabilities: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If Under 18:

Parent/Legal Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Source:    Commercial Insurance    MA/Forward Health    Other: \_\_\_\_\_

Primary Ins. Company: \_\_\_\_\_ Member ID: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Address:    Same as Above    D Different: \_\_\_\_\_

IF APPLICABLE:

Secondary Ins. Company: \_\_\_\_\_ Member ID: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_ Relation: \_\_\_\_\_

Address:    Same as Above    Different: \_\_\_\_\_

COMMERCIAL BASED INSURANCE ONLY:

Card Holder: \_\_\_\_\_ Card Number: \_\_\_\_\_ M \_\_\_ Y \_\_\_ CVV \_\_\_\_\_

General Services:

Psychotherapy  
Type: \_\_\_\_\_  
Couples/Marital Psychotherapy  
Family Psychotherapy  
Therapeutic Skills  
Parent Education: Behavior Support

DBT Group for Teens  
SOT Treatment (group, skills,  
& therapy) - Under 18 Only

Cash Only Services:

AODA  
Group AODA  
Social Group  
Anger Management - 5 week program  
Other: \_\_\_\_\_

Narrative:

Empty box for narrative text.