

School 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](mailto:referral@caillierclinic.com)

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Referral Type:    New            Returning

## SCHOOL REFERRAL FORM

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

Student's Legal First & Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Name if different: \_\_\_\_\_ Gender:    Male        Female        Other

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Accommodations/Disabilities: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Source:    School        Commercial Insurance        MA        Other: \_\_\_\_\_

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

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

Address:    Same as above        Different: \_\_\_\_\_

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

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

Address:    Same as above        Different: \_\_\_\_\_

### COMMERCIAL BASED INSURANCE ONLY:

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

### General Services:

Psychotherapy  
Individual Skill Development and Enhancement (SKILLS)  
Other: \_\_\_\_\_

### IF SCHOOL IS PROVIDING PAYMENT: Please include: where to send invoices and a start/end date.

Invoice: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Email/Contact: \_\_\_\_\_

\*\*\*If interested in contracting with Caillier Clinic for services to take place in school, please reach out to our clinical manager Meghan at [meghan@caillierclinic.com](mailto:meghan@caillierclinic.com). We do require minimum of three clients to start services.\*\*\*

### Narrative:

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