## Preferred Clinic Location:

Chippewa Falls Eau Claire Hudson

Menomonie Rice Lake

Referral Type:

New

Add On Service

Transition in Payment

Client's Legal First & Last Name:



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

1'ax / 13-030-0003	
COUNTY REFERRAL FORM	Date:
COUNT REPERIENCE FORCE	

Preferred Name:

DOB:	Gender:	Male	Female	Other	Accomm	nodations/Disabilities:	
Address:					State: _	Zip Code:	
Phone:	E	Email:					
If Under 18:							
Parent/Legal Guardia				Address: _			
Phone:	E	mail:				<u>-</u>	
Parent/Legal Guardia	ın:			Address: _			
Phone:	E	mail:				-	
Social Worker:			Phone: _			Email:	
County Funding: Plear requested, start/end desirements.	ate, units, a	the followi nd the cou	nty disclose	etterhead si s they are p	roviding pa	lient's name, DOB, service being	nty***
Services Offered:							
Evaluations/Testing:				Individu	al Services	:	
Psychological- Psychological- Alcohol and Di	Child/Adole rug Assessm	ent		Ps	ychothera <sub>l</sub> ychosexua bstance Al	l Treatment (SOT) Under 18 Only	
Parent Fitness w/ Report Trauma			Behavio	ral Services	S:		
Pyschosexual (2 Group Services:	Adolescent)			Sk	ills Trainir	ntervention In-Home Service (BIT) ng, Psychoeducation ucation Skills Training (BEST)	
Dialectical Beh	avior Thera	py (DBT)		Family S	ervices:	_	
Substance Abus Social Skills	se			Ha Fa	ands-on Pa mily Interv	Interaction Therapy (PCIT) Arenting Education (HOPE) Vention Treatment (FIT) Hours (SAFE)- Eau Claire County	
***Any evaluation	/testing please	attach a cop	y of the docu	ments listed l	oelow and up	o to 5 referral questions***	

Narrative: Attach all core/comprehensive assessment, court documentation, program assessments