COMMUNITY REFERRAL FORM

For all clients being referred by a community-based agency or social services for outpatient behavioral health services at BRHC, a referral form is required by the referring professional. If professional gives information to the client to schedule themselves, the referring professional must fill out and send the Community Referral Form to BRHC before the scheduled appointment.

The form can be faxed or mailed to BRHC for review and consideration by behavioral health staff for admission to care prior to any appointments being scheduled.

Fax: 715-284-3920

Mail: Black River Healthcare Clinic
Behavioral Health
711 West Adams Street
Black River Falls, WI 54615

BRHC will contact all referrals within 3-5 business days to schedule an appointment for intake for accepted referrals.

Those that are approved for the level of care provided at BRHC will be scheduled for the next available new patient appointment and will be contacted to schedule an appointment. Those above the need of care provided at BRHC will be referred back to the client's county of residence for further services.

COMMUNITY REFERRAL FORM

Black River HEALTHCARE CLINIC

Client's Name _____ Date of Birth _____

Address _____

_____

Phone Number _____ County of Residence _____

Alternate Contact _____ Best Time to Reach Client _____

Gender ☐ Male ☐ Female

Legal Status ☐ Responsible for Self ☐ Legal Guardian ☐ POA ☐ Minor

Are there any court orders in effect for treatment? ☐ Yes ☐ No

Who is referring this person? _____

What are the concerns; why does the client need to be seen? _____

_____

How long has this concern been going on? _____

Expected length of treatment for the presenting issue _____

What do you expect the outcome of outpatient therapy to be and how do you plan to stay involved with this client? _____

Current medications _____

_____

Are they compliant with prescribed medications? ☐ Yes ☐ No

Any hospitalizations for mental health in their past? ☐ Yes ☐ No

If yes, please explain _____

Current suicidal ideation? ☐ Yes ☐ No

How long have you worked with the client on connecting them to services and support?

_____

List of all services they are currently receiving _____

_____

Have these services helped them? ☐ Yes ☐ No

List of any services they are currently on a waiting list for _____

_____

If they are on a waiting list for services, when is it expected that they will begin to receive community-based services from your agency? _____

Has an appointment been scheduled? ☐ Yes ☐ No

If yes, date for services _____

Current Case Worker Name _____

Phone _____

How will current services in place continue to support them? _____

_____

Results of any functional screens or screen out information for services _____

_____

Are they under the care or supervision of any other governmental agencies?

☐ Yes ☐ No

Has the client had contact with the Northwest Connection Crisis Line? ☐ Yes ☐ No

Has the client had contact with the surrounding 5 county social service crisis workers within the last 6 months? ☐ Yes ☐ No

Is the client involved with probation/parole? ☐ Yes ☐ No

Any additional pertinent information we should know about this person? _____

_____

_____

_____