



Marriage & Family Health Services, Ltd.

2925 Mondovi Road ! Eau Claire, WI 54701 ! 715-832-0238 ! 1-800-639-4044 ! Fax 715-832-0771
Offices also in Chippewa Falls 715-726-9208, Durand 715-672-8585, Hudson 715-381-5437,
Marshfield 715-486-8302, & Rice Lake 715-736-5437

Referral Form

CLINICAL SERVICES

Diagnostic/Evaluation

Services:

Family Evaluation
Psychological Evaluation

Treatment/Solutions For:

Anger Management
Anxiety Management
Behavior/School Problems
Blended Families
Child/Adolescent Concerns
Depression
Divorce & Mediation
EMDR for Abuse/Trauma
Faith Based Concerns
Family Discord
Grief/Loss/Disappointment
Gottman Method Couples
Counseling
Intimacy & Sexual Concerns
LGBT Concerns
Play Therapy
Relationship Enrichment
Stress Management
Thinking Errors
Trauma Re-Processing

Agency & Organizational Consultation:

Case Specific Consultation
In-Service Training

OFFICES:

Main/Billing:

2925 Mondovi Road
Eau Claire, WI 54701
P (715) 832-0238
F (715) 832-0771

405 Island Street
Chippewa Falls, WI 54729
P (715) 726-9208
F (715) 726-8731

905 7th Avenue, West
Durand, WI 54736
P (715) 672-8585
F (715) 672-8585

501 South Cherry Avenue Suite 5
Marshfield, WI 54449
P (715) 486-8302
F (715) 486-9253

105 West Avenue
Rice Lake, WI 54868
P (715) 736-KIDS (5437)
F (715) 736-5438

2910 Enloe Street
Hudson, WI 54016
P (715) 381-KIDS (5437)
F (715) 381-5438

Purpose of Referral: Mikan/Migisi Day Treatment Family Counseling
 Individual Counseling-Child/Adolescent
 Individual Counseling-Adult School Based Counseling

Today's Date: _____

Client Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Name of Parents/Guardians: _____

Parent's Address (if different): _____ Phone: _____

_____ Email: _____

Have parents been consulted about this referral? Yes No

Are parents supportive of this referral? Yes No

Any comments regarding parental input: _____

Is the client willing to participate in therapy? Yes No

Is participation court ordered? Yes No

Is participation a condition for continued school attendance? Yes No

**REFERRAL DOES NOT OBLIGATE THE REFERRING PERSON, AGENCY, OR SCHOOL
TO PAY FOR COUNSELING SERVICES.
MFHS STAFF WILL WORK WITH THE CLIENT'S FAMILY TO ESTABLISH FUNDING SOURCE.**

Person making referral: _____ Relationship to client: _____

Agency/School: _____

Address: _____

Phone: _____ Email: _____

Reasons for referral: _____

FOR OFFICE USE ONLY:

Follow-up Status:

Case Manager/Therapist Involved: _____

Parent has agreed to program/counseling services. The initial meeting will be on _____ (Date)

Parent did not agree to counseling. Plan: _____

Funding Source: Private Insurance Medicaid/BadgerCare/Forward Health Medicare

Private Pay County School

CC: Parent/Guardian Referral Source
 County Human Services School Contact
 MFHS Main Office Other (specify) _____