

Rosecrance Referral Form



Wisconsin

For non-emergency referrals, fax this form to 815.387.7997

Today's Date _____

CLIENT INFORMATION

Client Name _____ Age _____ DOB _____

Parent(s)/Guardian Name(s), *if a minor* _____

Home address _____

Home phone _____ Cell phone _____

Insurance

Private Pay

REFERRAL SOURCE INFORMATION

Agency _____

Address _____

Contact person _____

Phone _____

Fax _____

Email _____

COMMENTS ON REFERRAL

(All programs start with a comprehensive assessment to determine appropriate services.)

Substance Abuse Outpatient Services

(Intensive outpatient program, Continuing Care Group, confidential drug and alcohol evaluations, early intervention services, assistance to families who need help finding resources, substance abuse awareness training, urine drug screens)

Rosecrance Waukesha County

N27 W23957 Paul Road, Suite 101
Pewaukee, WI 53072
Phone: 262.278.9764

Rosecrance Milwaukee County

10950 W. Forest Home Ave. Suite 202
Hales Corners, WI 53130
Phone: 414.367.2249

Mental Health Outpatient Services

(Transcranial Magnetic Stimulation, a non-invasive, non-systemic medical treatment for individuals suffering from depression who have not benefitted from anti-depressants or who cannot take medication.)

TMS Center of Madison

(a collaboration with Connections Counseling)
5005 University Ave., Suite 100
Madison, WI 53705
Phone: 608.231.2200

Rosecrance is a behavioral health care organization that is bound by strict state and federal privacy and confidentiality regulations. Please fax this form. Do not email.

For emergency situations, please go to your local emergency department or call 911.

(This form is available at www.rosecrance.org.)

02/17 lp

Disposition of referral _____
