Journey Mental Health Center-CSP
Columbia County
Referral Form

Referral

Send to: Dawn Anderson-Mueller
322 DeWitt St.
Portage, WI. 53901
(608) 745-9292 Fax: (608) 745-9293

The following information will be kept confidential and will be used to help determine whether the person being referred is appropriate for CSP services at Journey Mental Health Center CSP-Columbia County. The CSP Team Leader or designee will respond within 48 business hours of receiving the application. The Team Lead or designee may request additional information needed to make a final determination for eligibility for CSP service.

All referrals must include a signed Release of Information between the referring agency/family member and Journey Mental Health Center- Columbia County CSP.

Include copies of 6 months to a year of psychiatry/prescriber notes as well as assessments and current treatment plans when such documentation exists. If these documents are not included with the referral form indicate when they will be available.

* Any section with an asterisk is Required Information.

CONSUMER INFORMATION:

Name: _____ Address: _____
City: _____ State: _____Zip: _____
Phone: _____ Cell phone: _____
DOB: ____/____/_____ Sex: _____ SS# _____
MA#_____ Medicare D Plan_____

***REASON FOR REFERRAL:** _____
_____
_____
_____

***DIAGNOSIS:**

ICD-10/DSM-5 Diagnosis _____
Diagnosing prescriber name_____

REFERRAL SOURCE INFORMATION:
Referring Party Name: _____ Relationship:
_____
Indicate the best way for our staff to contact you: _____
Phone: _____
Email: _____
Address:
_____

CONSUMER SUPPORTS:
Guardian: _____Phone: _____ email:
_____
Address:
_____
Psychiatrist: _____ Phone: _____
Medical Physician: _____ Phone:
_____
Payee/Money manager: _____Phone:
_____
Email: _____
Partner/Family: _____Phone: _____
Other Key Contacts: _____Phone: _____

Other services being received, or previously received:
Service: _____ Agency & Dates: _____
Phone: _____ Address: _____

Service: _____Agency & Dates: _____
Phone: _____Address: _____

MEDICATIONS:

PRESENTING ISSUES: Please comment on needs and strengths in the following areas.

Employment or Education:

Self-Care/ Activities of Daily Living:

Social/Interpersonal relationships:

General Medical and Dental:

Substance Abuse:

Legal:

Living Situation:

Financial:

Safety and Judgment:

Social Supports:

Other Information: