THE UNIVERSITY of WISCONSIN MADISON

Counseling Psychology Training Clinic
Educational & Psychological Training Center
316 Educational Sciences Bldg
1025 W. Johnson St., Madison, WI 53706
Telephone: (608) 265-8779
Fax: (608) 265-8778

REFERRAL FORM - External

PLEASE NOTE: Our services *do not include* crisis intervention, medication provision or management, and/or current ongoing sexual abuse or physical abuse. Counseling meetings are audio and video recorded for supervision purposes only. DVD recordings are not used outside of supervision or for any other training purposes. There is a sliding scale fee system to be determined between clients and their counselor(s). Please fax completed form to: 608-265-8778.

PART I: Potential Client Name(s) and Contact Information:
If referring a family, please list all family members and ages of those who would potentially attend counseling.

_____ _____
_____ _____
_____ _____

Telephone Home: (____) _____ Cell: (____) _____ Work: (____) _____
May we leave a message? ☐ yes ☐ no ☐ yes ☐ no ☐ yes ☐ no

Address - Street: Apt/Suite:

City: State: Zip:

Email

Date of birth _____ **Gender** _____ **Race/Ethnicity** _____

Employed: ☐ no ☐ yes **Employer:**

Languages spoken/ preferred
[parent(s)/guardian(s) & children] _____

PART II: Referral Source:

Contact name: **Site name:**
Address - Street: Apt/Suite:
City: State: Zip:
Email: **Telephone: ( )**

Please enter "1" for current/primary and "2" for secondary reasons for referral:

_____	Parenting Issues	_____	Alcohol/Drug Use - Adult
_____	School/ Learning	_____	Alcohol/Drug Use – Child/ Adolescent
_____	Marital Conflict	_____	Family Conflict
_____	Physical Abuse	_____	Suicidal Thoughts
_____	Sexual problems/Questions	_____	Sexuality/ Sexual Orientation
_____	Sexual Abuse	_____	Emotional &/or Verbal Abuse
_____	Adjustment to Loss	_____	Racial/ Cultural Identity
_____	Divorce Adjustment	_____	Depression
_____	Anxiety	_____	Family Stress
_____	Other:		

Additional information regarding reason(s) for referral:

Services requested: ☐ **Individual Counseling** ☐ **Marriage/Couple Counseling** ☐ **Family Counseling** ☐ **Other:**