



Marquette County
Human Services

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Clinical Services
480 Underwood Avenue
Montello, WI 53949

Case Management Referral Form

Name: _____ DOB: _____

Preferred Name: _____ Pronouns: _____ SSN: _____

Gender: ☐ Male ☐ Female ☐ Trans M/F ☐ Trans F/M ☐ Other _____

Address: _____

City: _____ Veteran: ☐ Yes ☐ No

Phone: _____ Email: _____

For youth only, school: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

Address: _____

City: _____ Email: _____

Payment Information: ☐ Medicaid ☐ No Insurance ☐ Private Insurance

Referral Source: _____ Relationship: _____

Address: _____ Phone: _____

City: _____ Email: _____

Relevant History

Mental Health/Substance Use Diagnosis: _____

List all current medications:

Who prescribes these medications (physician name and clinic):

How does your mental health or substance use interfere with your daily functioning:

In the past have you received any of the following services (list details and check all that apply):

- ☐ Case Management _____
- ☐ Crisis Intervention Services _____
- ☐ Outpatient mental health counseling (individual, group, IOP) _____
- ☐ Outpatient substance use counseling _____
- ☐ Inpatient psychiatric hospitalization(s) _____
- ☐ Inpatient substance use (e.g. detox, residential) _____
- ☐ Emergency room visits _____
- ☐ Other (please specify): _____

What are the biggest challenges right now:

- | | |
|--|--|
| <input type="checkbox"/> Getting to appointments | <input type="checkbox"/> Keeping appointments |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Coping with stress |
| <input type="checkbox"/> Finding/keeping a job | <input type="checkbox"/> Getting/staying sober |
| <input type="checkbox"/> Taking medications as prescribed | <input type="checkbox"/> Participating in social/recreational/community activities |
| <input type="checkbox"/> Applying for benefits (FoodShare, Medicaid, Disability, etc.) | <input type="checkbox"/> Health concerns |
| <input type="checkbox"/> Managing money | <input type="checkbox"/> Keeping home clean/organized |
| <input type="checkbox"/> Relationships with Others | <input type="checkbox"/> School |
| <input type="checkbox"/> Other: _____ | |

Primary Care Provider: _____ Phone: _____

Probation Agent: _____ Phone: _____

Other important people involved in your life:

Name	Relationship	How can we contact them?

Is there anything else you feel is important for us to know:

Please complete this form and return to:

mcdhs@marquettecountywi.gov