



# Behavioral Health Clinic

IN PERSON • ONLINE

www.wibehavioralhealth.com

## PSYCHOLOGICAL REFERRAL FAX FORM

**Wausau Fax: (715) 848-0425 / Stevens Point Fax: (715) 544-4599 / Fort Atkinson Fax: (608) 673-3577**

**Madison Fax: (715) 848-0425 / Manitowish Waters Fax: (715) 848-0425 / Marshfield Fax: (715) 842-9500**

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Referral Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

**(Please include patient demographics with insurance information for all referrals.)**

Therapy (Individual / Family / Group)

Psychological Testing

Online Counseling

Speech Language Therapy

### In-Person/Online

Amber Hall, Psy.D.  
Amy Gray, LPC  
Brian Weiland, Psy.D.  
Carly Maas, LPC  
Ebony Butler, PhD  
Elizabeth Krueger, LPC  
Emma Neuberger, LPC-IT  
Emily Wereley, LPC  
Erin Cimino, LPC  
Erinn McCabe, LPC, SAS  
Heather Meggers-Wright, Ph.D.  
John Roherty, APSW  
Karli Doughty, LPC-IT  
Katrina Arnold, LCSW  
Katie Brueggen, LMFT  
Katie Keller, Ph.D.  
Karen Prochaska, MAC, LPC-SAS  
Kristi Smith, LPC, SAS  
Lauren Watters, LSLP  
Lauri Doepke, LPC, NCC  
Louis Rossetti, Ph.D.  
Magdalena (Maggi) Rocha, LCSW  
Melanie Strand-Glatczak, LPC, CSAC  
Michelle Lassa, LPC  
Patricia Gumz, LCSW  
Paige Zalewski, LPC  
Rachel Eifert, LPC, CSAC, ICS  
Samantha Hamann, LPC  
Shannon Schaefer, Ph.D.  
Shannon Schield, LSLP  
Stacy Luther, Psy.D.  
Stephanie Smith Kellen, Ph.D.  
Timothy Freundl, PsyD, LPC

### Online Only

Abigail Ream, Psy.D. \*\*ONLINE ONLY  
Jaime Bergh, Psy.D. \*\*ONLINE ONLY  
Jessi Way, LPC \*\*ONLINE ONLY  
Judy Lemke, LPC, LCSW \*\* ONLINE ONLY  
Katie Dorsey, Psy.D \*\*ONLINE ONLY  
Meena Statz, M.ED, CRC, LPC \*\* ONLINE ONLY  
Oliver Lees, Ph.D. \*\*ONLINE ONLY  
Rachel Young, Psy.D. \*\*ONLINE ONLY  
Travis Musich, Psy.D. \*\*ONLINE ONLY

**Write in Name of Location and  
Provider Scheduled Below:**

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### Confirmed Behavioral Health Clinic Appointment Information:

Date of Appointment: \_\_\_\_\_ Time: \_\_\_\_\_

3 attempts were made, client did not call back

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