



ELITE COGNITION NEW CLIENT REFERRAL

Self/Private Pay CCS IRIS My Choice WI Quartz QuartzAlign Other

We currently work with the following programs. Please select the one that applies best to you.

Client Information

Today's Date:

Client's Name:

Date of Birth:

Legal name (if different):

Current Age:

Gender/Pronouns:

Email:

Address:

Phone Number:

Mental Health Diagnosis or Current Struggles: (List all known)

History of suicidal ideation/previous suicide attempts.
 Yes No Unknown

Is there a crisis, safety, or behavioral plan in place?
 Yes No Unknown

If yes: Crisis Safety Behavioral

****If client is a minor or has a healthcare power of attorney- please complete the following:***

Guardian's Name:

Phone Number:

Address (if different than client):

Email:

For minors, what school do they currently attend? *Do they have a regular weekly early dismissal?*

Requested Service(s): *EC offers the following psychosocial rehabilitative (mental health) services*

Psychotherapy (Therapy)

Art Therapy

Medication Management (non-prescriber)

Physical Health Monitoring

Individual Skill Development & Enhancement

Employment Related Skill Training

Individual and/or Family Psychoeducation

Wellness Management and Recovery/
Recovery Support Services

Diagnostic Evaluation & Assessment. Please select the service(s) below that you are requesting

Adult (age 18+) BSP (Behavioral Support Plan)

LEP (Law Enforcement Protocol) for Adult

Minor (age 5-17) BSP (Behavioral Support Plan)

LEP (Law Enforcement Protocol) for Minor

Minor age Safety Protocol (Home/Community)

FBA (Functional Behavioral Assessment)

ALSUP (Assessment of Lagging Skills & Unsolved Problems) using CPS (Collaborative Problem Solving) Model

Provider Gender Preference? Female Male No Preference

List a couple possible days/times here that would work for a free 10-minute meet and greet appointment, to confirm a good therapist-client match is made.

Location of Service Delivery Preference? In Person Via Telehealth No Preference

Scheduling. When scheduling sessions, we will offer you the time/day that our therapist/provider has available within their caseload. To support scheduling, please select **all times** of day/days of the week that **might** work for you to come to the office for session.

	Monday	Tuesday	Wednesday	Thursday	Friday
<i>Early Morning* 6a – 8a</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning 8a – 11a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunchtime 11a – 1p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Afternoon 1p – 4p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late Afternoon 4p – 6p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Evening* 6p – 8p</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Early morning and evening appointments are *rare and at provider discretion*.

**For school aged minors, after school times are harder to come by. If during the school day times are selected/possible, we are assuming this means you are comfortable pulling them from school for session.

****Note: Mental health services are medical appointments.** If you need a letter for missed school and/or work, please let us know and we will be happy to complete one for you.

***CCS Consumers ONLY.** What environment will you be most successful meeting your goals?

At the EC Office In my home In the Community

**If utilizing commercial insurance, all sessions must be held at the office or via telehealth to meet their parameters.

Description of presenting barriers, needs, wants, goals & strengths. Why are you seeking services?

Do you currently receive any other Mental Health services? If yes, where and what services do you receive? No

Payment Options. Select the option that best applies to you

Out Of Pocket (Private Pay)

Clients wishing to pay for services out of pocket will be contacted to set up payment by a member of our staff. Staff will provide information to you on rates for services requested. We do offer a sliding scale for services, when needed based on the Federal Poverty Rate.

I am interested in applying for sliding scale rates.

Elite does not accept my health insurance. I know that I am responsible for upfront payment of all services. I plan to contract my insurance to see if I have OON (Out of network benefits) and I will need a Superbill.

Quartz Insurance

We currently accept all **Quartz** Insurance plans. Attach a copy of the front and back of your current insurance card to this referral form. A photo, screen shot, scan or copy are all acceptable.

QuartzAlign Insurance

IRIS (Include, Respect, I, Self-Direct) Program

My Choice WI

CCS (Comprehensive Community Services) Program

Service Facilitator/ Case Manager when applicable

Completed referrals can be sent via any of the following methods: Emailed to: info@elitecognitionllc.com

Fax: 608-440-2954 Mailed: Elite Cognition, c/o Bryenne Alesch, 5900 Monona Drive, Suite 102, Monona WI 53716

Further Questions? Call 608-286-1132 or check our website www.elitecognitionllc.com

Name:	Agency:
Phone Number:	Email: