



[www.icc-wi.org](http://www.icc-wi.org)  
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## ICC Referral Form-IRIS

**Date of Referral:** \_\_\_\_\_

| Client Contact Information             |   |
|--|---|
| Last Name, First Name                  |   |
| Date of Birth                          |   |
| Diagnosis                              |   |
| Home Address                           |   |
| Home Phone                             |   |
| Mobile Phone                           |   |
| Email Address                          |   |
|  |   |
| Parent/Guardian 1                      |   |
| Home Address                           |   |
| Home Phone                             |   |
| Mobile Phone                           |   |
| Email Address                          |   |
|  |   |
| Parent/Guardian 2                      |   |
| Home Address                           |   |
| Home Phone                             |   |
| Mobile Phone                           |   |
| Email Address                          |   |
| <b>Program</b>                         |   |
| Program/Funding Source                 |   |
| County of Residence                    |   |
| Case manager/facilitator name          |   |
| Case manager/facilitator phone/email   |   |
| <b>Service Request(s) for Consumer</b> |   |
| Service Type                           | <input type="checkbox"/> Consumer Education and Training<br><input type="checkbox"/> Clinical Consultation for Parents or Unpaid Caregivers<br><input type="checkbox"/> Counseling and Therapeutic Services |

|  |   |
|--|---|
|  | <p>Specific Provider Request: _____ *</p> <p>Specific Treatment Modality Request(s): _____ *</p> <p>Availability for treatment: _____ *</p> <p>*Please note that limited or evening hours and/or requests for specific providers or treatment modalities may vary by county location and increase wait time</p> |
| Requested frequency of service(s)  | <p>Circle or highlight one: Weekly Bi-weekly Monthly</p> <p>Other: _____</p> <p>Is telehealth an option for service? _____</p>  |
| <b>Background information to support referral</b>  |   |
| <b>Presenting concerns which led to referral:</b>  |   |
| <p><b><u>Is there a history of trauma? Y or N</u></b></p>  |   |
| <b>Background information (family, consumer, school, community) that may be helpful to match provider with consumer:</b> Please note any concerns about aggression, any recent hospitalization(s). |   |

Thank you for your referral. Please submit to  
Lhoeme@icc-wi.org or call Lisa Hoeme at (608) 291-9199 if you'd like to talk more  
about the referral.