Form 3B- updated 6/2024

Foundations
Counseling Center Inc.

Service Request Form
Adult Service Request Form

Date Completed:	County:	
Referring Agent:	Referring Agency:	
Email:	Referring Agent Phone:	
Client's Legal & Preferred Name:		
Pronouns:	DOB: / /	Age:
Address:	Phone: ☐ OK to leave messages?	
Client Email:	☐ OK to email intake forms?	
Guardian Name, Address and Phone (if applicable): Guardian Email: POA for Health Care Name:	☐ OK to email intake forms? Currently Activated? **Yes** ☐ **No** ☐	
Type of Service Requested: ☐In-Home ☐Outpatient ☐EMDR ☐year long DBT program **Location for Services Requested** (see addresses below)**:** ☐Home ☐Madison ☐Beaver Dam ☐Belleville		
Is the client open to participating in group therapy while waiting for an individual therapist assignment?: Yes ☐ No ☐		
Medicaid #: Other insurance coverage:	**Primary Funding Source:** ☐Molina-Partnership ☐Molina-Family Care ☐Inclusa ☐CCS ☐Contract ☐MA ☐Other:_____	
Service hours/units authorized/requested: **Counseling**_____ **Travel**_____ per ☐week ☐ month		
Is on mental health medications: Yes ☐ **No** ☐ **If Yes, Provider's name:** (Please include medication list)		
Past Mental Health/Treatment: **Current and Past Diagnosis:** **Please note that we <u>do not</u> provide substance use treatment. If substance use is or has been an area of need, please discuss with referral coordinator before submitting referral.* **Possible trauma(s), abuse and/or neglect?** Yes☐ No☐ **Type, date and frequency:** **Has there been a suicide attempt or suicidal ideations within the past 6 months:** ☐Yes ☐No ☐Unknown **Please provide details:**		
Focus For Therapy, Needs and Strengths:		

Preference on availability to meet (*please note that late afternoon times fill quickly, and increased flexibility allows for decreased wait times***):**

	Monday	Tuesday	Wednesday	Thursday	Friday
7 am-11am					
11am-3pm					
3pm-7pm					

Open to Telehealth: Yes ☐ No ☐

Please note any concerns of safety, weapons, violence, or legal issues:

Pets:

Does client smoke? In their home?:

Additional Information:

Foundations Counseling Center Locations:

Belleville	**Madison**	**Beaver Dam**
(Main Office) 629 River Street Suite C Belleville, WI 53508 Office Phone: 608-424-9100 Fax: 608-424-9099	579 D'Onofrio Dr. Suite 202/206 Madison, WI 53719	1807 N Center St. Beaver Dam, WI 53916

Please note: not all therapists are available at all locations

referralcoordinator@foundationscc.com

Referral Coordinator: 608-445-4287

Foundationscc.com