

Bill Humphrey/Essential Skills Referral Form

Referral Guidelines

To refer an individual for Wellness/Recovery Services please complete this form and send to Bill Humphrey Certified Peer Specialist whumphrey0123@gmail.com
Contact Bill at (608) 606-9004 with questions

Person Being Referred

Full Name: _____ Pronouns: _____

DOB: _____ Street Address: _____ Phone: _____

Parent/Guardian (if applicable): _____ Phone: _____

Address (if different from above): _____

Treatment Goals

Reason for referral: _____

Please identify treatment goals: Improve interpersonal skills: ☐ Develop Pro-Social Skills: ☐

Identify/Practice self-regulation skills: ☐ Learn/Utilize Wellness Skills: ☐

Other:

Person Making Referral

Name: _____

E-Mail: _____

Office phone: _____ Cell phone: _____

Peer support complements, but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team