

# 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](mailto: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*