



Opportunity for Hope
a service of ODC, Inc.,

Phone: 715-818-6443

Wisconsin Rapids
1191 Huntington Avenue,
Wisconsin Rapids, WI 54494

Stevens Point
2801 Hoover Rd Unit 1D
Stevens Point WI 54481

Mental Health Services Referral Form

If you are referring to ODC Mental Health Services, please complete the information below.

Referral Date:	Referral Contact Phone:	Referral Fax:
Referral Contact Name:		Agency Name:
Agency Address:		

Please complete all information below. Missing information can delay services.

Client Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		
Primary Phone:		
If under 18, parent / guardian contact name:		
Insurance Provider:	Insurance Type: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Commercial	
Insurance Policy #:	Group Number (if applicable):	
Presenting Concerns / Comments (Attach additional sheets as necessary):		
What allergies / medical conditions could affect services?		
Diagnosis:		

Referral Service Requested (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Group Therapy | <input type="checkbox"/> Parent Education |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Child Therapy | <input type="checkbox"/> Psychotherapy for CCS |
| <input type="checkbox"/> Alcohol and Substance Use | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Other: | | |

Location of Services Requested

- Wisconsin Rapids Office Stevens Point Office In Home In School Other Location:

Please attach the following to the referral if applicable:

1. Individual Service Plan
2. Recovery/Treatment Plan/IEP/504
3. Crisis/Safety Plan

Email form to hope@odcinc.com