



## Therapeutic Day Treatment – Ashland

### Pre-Admission Checklist for Clients Funded by BadgerCare/Medicaid

Generally speaking, the client is not considered appropriate for our program unless prior outpatient therapy has been unsuccessful. If the client has not had prior treatment, the staff at Impact will help you find a counselor.

A complete psychological examination is required. This evaluation cannot be more than 3 months old at the time of admission.

If no current psychological evaluation is available, contact Impact Counseling Services in Ashland at 715-682-3523 for help in scheduling an evaluation. It is not unusual for these appointments to be booked out from 1 to 4 months so do this as quickly as possible to get on the schedule.

If the child's diagnosis includes a recommendation for a medication consultation, an appointment with a Psychiatrist or a Psychiatric APNP (Advanced Practice Nurse Practitioner) is required. Therapeutic Day Treatment that is funded by BadgerCare/Medicaid (non-HMO) requires any client on psychotropic medication to be monitored by a Psychiatrist or Psych APNP, rather than the family physician, pediatrician, nurse practitioner or physician assistant. The waiting list for these services can be long and it is likely you will have to travel to meet this requirement in a timely manner. The staff at Impact can assist you with recommendations on where and how you can obtain these services. It can be a challenge to arrange these appointments. Therefore, it is very important to make arrangements the client and his or her family can meet.

Admission requires us to obtain all of the client's records from outside agencies. Because this is often time-consuming, it is important that we have releases signed by the parent or guardian before that process can begin.

A current HealthCheck, less than 3 months old, is also required. The child's primary care physician should provide this. The HealthCheck form is available from the staff at Impact as well as a Prescription for Treatment form and, if needed, a Transportation form. The physician's signature is required on each of these.

The admission process can be lengthy and, at times, frustrating or difficult. But the benefits to the client can be life-changing. The staff at Impact Counseling Services is here to help and will guide you each step of the process. Please don't hesitate to call our office if you have any questions. (715) 682-3523.

# Impact Counseling Services — Ashland

## Impact Therapeutic Day Treatment — Referral Form

Child/Adolescent Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

Presenting Problems:

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Goals for Treatment:

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Funding Available:

Medical Assistance or BadgerCare     Private Pay     Other \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Is the parent/guardian supportive of this referral?     Yes     No

Name of Foster Parent (if in foster care): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Person:

Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Agency: \_\_\_\_\_  
\_\_\_\_\_ Fax Number: \_\_\_\_\_

The parent/guardian must sign this form, giving us permission to contact them before we can call to set up an appointment for an assessment. Please make sure this has been done before contacting us. Please mail or fax this form to Impact Counseling Services, 301 Ellis Avenue, Suite 1, Ashland, WI 54806. Our fax number is **(715) 682-3526**. If you have any questions, please call us at **(715) 682-3523**. *Thank you for your cooperation and thank you for this referral.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date: