

**WAUKESHA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
WOMEN'S HEALTH AND RECOVERY PROJECT (WHARP)
REFERRAL FORM**

REFERRAL SOURCE	
Agency	
Staff Completing Referral	
Phone	
Email	
Date	

CLIENT DEMOGRAPHICS	
Client Name	
Address	
Phone Number	
Email	
Date of Birth	
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Ethnicity	
Preferred Language	
Injection Drug Use	History: <input type="checkbox"/> Yes <input type="checkbox"/> No Currently: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No

REASON FOR REFERRAL
Brief Description for Referral:

TREATMENT PROVIDERS ONLY-ASSESSMENT	
Biopsychosocial Completed	<input type="checkbox"/> Yes Date Completed _____ <input type="checkbox"/> No
ASAM Assessment Completed	<input type="checkbox"/> Yes Date Completed _____ <input type="checkbox"/> No ASAM Level of Care Recommended: _____

Please complete the above information and email to WHARP@waukeshacounty.gov, provide in-person, or mail to:
Waukesha County Department of Health and Human Services
Attn: Bobbi Borchardt
514 Riverview Ave, Waukesha, WI 53188

Questions Please Call 262-548-7211