



WHEELER CLINIC
Fostering positive change.

Intensive In-Home Behavioral Health Services

(Serving Anthem BCBS of CT & Connecticare Children, Adolescents and Young Adults)

Wheeler's IIBHS 24/7 Referral Line: 1-475-222-6015

Fax: 860-793-3371

Referral Date	Client Name:	DOB	Referral Source, Contact Name and #	
Client's Street Address and Town / City (Very Important):				
Parent/ Caretaker Name & Phone number:				
Primary insurance Policy Holder:		Secondary Ins. Policy Holder:		If over 18, young adult's phone #'s
BCBS of CT policy #: _____ OR		Policy #:		Home:
Connecticare policy #: _____				Cell:
Has client and caregiver been informed of intensity and in-home nature of the program? Y N				
Has client, if 18 or older, given permission for Wheeler to talk with parent/caretaker? Y N				
Reason for Referral including: 1. Risk related issues; 2. Related biopsychosocial factors; and 3. Why in-home services are warranted.				
Does youth/ young adult abuse substances? If yes, please list and comment on the scope of use:				
Are other treatment providers involved with youth/ young adult? If yes, please list:				
Dx:		Medications and Prescriber:		
Hx of Hospitalizations	Facility	Date	# of Days	Reason
Most recent				
Other				
Hx of ED/CARES	Facility	Date	# of Days	Reason
Most Recent				
Other				
Other Hx of EMPS, RTC or other higher LOC				