



WISe (Wraparound with Intensive Services) Referral Phone: (360) 353-9416 or wisereferrals@columbiawell.org

(please be sure to complete all of this section)

Date: _____

Referral Type: Counseling Psychiatry and Counseling

Referring Agency/Contact Person: _____

Referring Agency Phone: _____ Fax: _____

Client Name: _____ Client DOB: _____

Is client a current Columbia Wellness Client Yes No Client ID # (If known): _____

Insurance type: _____

Client contact phone: _____ Parent/Guardian Name: _____

May we contact Parent/Guardian if 13 or older: Yes No

Risk Factor: Suicidal Self-Injurious Homicidal Psychosis
Other

System Involvement: CPS School CCYSC DDA SUD Lifeworks
 OT Medical Other

Reason for referral? (Please list general behaviors and/or problems)
