



Upland Hills Health  
Behavioral Health Clinic  
Secretary Referral Form

Name:

Age:

Phone:

Preference: **(Please circle)**

Telehealth, In Person, or Hybrid

Insurance:

MRN #:

Are you currently on Medicare or Medicaid? Are you about to apply or in the process of applying for either?

Reason? (Grief/anxiety/depression/coping):

Have you had any suicidal thoughts? Yes or No

Do you currently self-harm? Yes or No

How did you hear about Upland Hills Health Behavioral Health Clinic:

**Suicide prevention coalition of Iowa County**

**Iowa County Hotline: 1-800-362-5717**

**National Suicide Hotline: 1-800-273-8255**

Save form and send to the Behavioral Health Staff at: [behavioralhealth@uplandhillshealth.org](mailto:behavioralhealth@uplandhillshealth.org). Or print and give to your Counselor.