



**Bad River Health and Wellness Center**  
53585 Nokomis Road  
Ashland, WI 54806-4272

Clinic Administration  
Phone: 715.682.7137  
Fax: 715.685.7857  
Main Clinic: 715.682.7133

**Native Connections  
Referral Form**

Youth's Name \_\_\_\_\_ DOB: \_\_\_\_\_

First Middle Last

Parents/Guardian Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Referred By: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Youth's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Reason for Referral (i.e.) AODA Prevention, At Risk Behavior, Current or Pending legal matters:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criminal History /or Violent Offenses (Please specify if the juvenile has ever been convicted of a criminal or violent Offense):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information (please include any additional information you would like the team to consider regarding this child's health: mental health issues, treatment history, home environment, child's attitude, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*