



Brief Screening Information

Please complete the following information and mail or fax (715-384-0090) to Wise Mind Mental Health Clinic, LLC. You may also call 715-384-0080 to complete an initial screening by phone. We look forward to being in touch with you.

Name (First, Middle Initial, Last): _____

Address: _____ County _____

City, State, Zip: _____

Preferred Phone: _____ Secondary Phone: _____

Best Time to Reach? _____

Who referred you to us? _____

Reasons for contacting us: _____

Current or Past Mental Health Treatment:

Counseling Y/N Where/When? _____

Medications Y/N Types _____

_____ Who prescribes? _____

Current or Past Alcohol or Drug Treatment: _____

Diagnosis (if known): _____

Medical History:

Primary Care Provider: _____

Major Medical Problems: _____

Other Information:

Insurance Company: _____

Employer: _____

Legal Concerns: _____