



TRI Wellness Center Referral Form

Please use this form when referring members to the TRI Wellness Center for Clinical Mental Health services.

All completed forms can be emailed to our care coordinator at emily@reentryinitiative.org. Please write "Referral for Wellness Center" in the subject line of your email. You will receive a confirmation email from our care coordinator once your referral has been received. If further communication about a member's treatment is needed, please also include an ROI signed by the member or you may request a TRI Wellness Center ROI form from our care coordinator.

REFERRING FROM (Probation or Parole)		
Referring Agency/Practice:		
Person Referring:		Referral Date:
Email:		Phone number:

MEMBER INFORMATION	
Full Name:	Preferred Name:
DOC number:	Date of Birth:
Pronouns:	Primary Language:
Phone number:	Okay to leave a voicemail if we cannot reach the member: Yes No
Email Address:	Member has access to a smartphone, a tablet or a computer to be able to do sessions over zoom: Yes No
Name of PO:	Release Date:
Medicaid Subscriber ID:	
Alternate Contact – Spouse, Other Family Member, Friend (if applicable)	
Name:	Phone Number:
Relationship to Member:	
Member has consented to contact and exchange information with this person: Yes No	
Emergency Contact	
Name:	Phone Number:
Relationship to Member:	

Reason for Referral: