



**Bridges to Wellness Referral**

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\_\_\_\_\_  
1<sup>st</sup> Contact

\_\_\_\_\_  
2<sup>nd</sup> Contact

*Currently serving any clients in Tuscarawas, Guernsey,  
Muskingum, Coshocton, Carroll, and Washington Counties*

Referring Agency: \_\_\_\_\_ Phone # \_\_\_\_\_  
Referring Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff Member Email: \_\_\_\_\_ Fax # \_\_\_\_\_

Client Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Insurance: *Yes or No* Insurance Company: \_\_\_\_\_

Medicaid Insurance? (please circle):    Buckeye    CareSource    United HealthCare    Molina    Paramount

Pregnant?    *Yes or No*    If yes, due date: \_\_\_\_\_ OB Provider \_\_\_\_\_

**Please check off the following areas the client may need assistance with:**

- |  |   |
|--|---|
| <input type="checkbox"/> Health Insurance/Medicaid Application | <input type="checkbox"/> Transportation       |
| <input type="checkbox"/> Housing                               | <input type="checkbox"/> Dental               |
| <input type="checkbox"/> Food                                  | <input type="checkbox"/> Behavioral Health    |
| <input type="checkbox"/> Clothing                              | <input type="checkbox"/> Legal                |
| <input type="checkbox"/> Utilities                             | <input type="checkbox"/> Adult Education      |
| <input type="checkbox"/> Access to Medication                  | <input type="checkbox"/> GED/Graduation       |
| <input type="checkbox"/> Taking Medication Correctly           | <input type="checkbox"/> Specialty Care       |
| <input type="checkbox"/> Frequent ER Visits                    | <input type="checkbox"/> Domestic Violence    |
| <input type="checkbox"/> Smoking Cessation                     | <input type="checkbox"/> Pregnancy Assistance |
| <input type="checkbox"/> Substance Use                         | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Medical Appointments/Doctor           |   |

Any additional information regarding client that may be helpful:

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

**HUB USE ONLY**

\_\_\_\_\_ Unable to locate    \_\_\_\_\_ Declined Services    \_\_\_\_\_ Enrolled in the Program