



Foundations

619 River St. Suite 1
Belleville, WI 53508
Office: 608-424-910
Fax: 608-424-9099
foundationscc.com

Counseling Center LLC

Health Check Screening Verification for In-Home Family Therapy Services

I certify that a Health Check physical screening was performed on the following individual:

Name DOB Age

Medical Assistance Number

Name of Legal Guardian(s)

Address:

Phone Number (Home) Cell Work

Date Health Check Screen was Performed

Based on my Health Check Screening, I find _____ to be appropriate for **Intensive In-Home Family Therapy Services**.

Signature of Certified Health Check Screener Date

Printed Name of Certified Health Check Screener MA Provider Number of Screener

Comments: _____

Please Fax to: Foundations Counseling Center @ 608-424-9099