



## Prescription for In Home Treatment

I have examined the following individual and their medical record:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Medical Assistance ID Number

I find \_\_\_\_\_ to be appropriate for In Home treatment for severe emotional disturbance. Services are expected to be required for up to \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (please print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Address & Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
NPI Number

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