



July 1, 2015

Dear Valued Client,

Welcome to Soul Food, our new weight management program located here at Lakefront Wellness Center! We are so blessed to be able to offer this new and exciting program, and hope you are equally as excited to begin on this journey towards a healthy body, mind, and soul. We want to emphasize that this is not a weight loss program that focuses solely on food and weight; it is a comprehensive therapeutic approach to weight management. At a maximum, we hope that our clients will see a two pound weight change per week.

Soul Food will be based on healthy living techniques, focusing on psychoeducation and group processing during the first eight-week session, and then shifting towards yoga and mindfulness in the optional second eight-week session. We strongly recommend attending the second session, as these weeks will focus on reconnecting the mind, body, and soul.

We look forward to working with you in the fall!

Sincerely,

Dr. Beth Johnson, Psy. D.

Stacy Hoag, LPTC

161 West Wisconsin Avenue, Suite 2B Pewaukee, WI 53072
Phone 262-695-8857 / www.lakefrontwellness.com / Fax 262-695-8879

Abundant Living... Discover the Possibilities!

GROUP REQUIREMENTS

In order to provide a comprehensive therapeutic approach to weight management, we ask that members of the group participate during group sessions, as well as activities and homework outside of the group.

One of the exercises will be to write and/or share your personal struggles with weight. For exercises such as these, we ask that you purchase and bring to each session a notebook and pen for journaling.

There will be outside homework and reading to do that will be mapped out in your Workbook. We ask that you keep up with these assignments, as they will provide you with information and homework to consult over the course of the week in between appointments.

One of these assignments will be to create an account with My Pyramid's SuperTracker, which will serve as a general food and exercise diary to be logged and utilized throughout the course of Soul Food. In case you experience difficulty using SuperTracker, there will be directions located in the back of your Workbook for additional help.

Outside of Soul Food, we ask that you participate in individual counseling and therapy. You may see therapists at Lakefront Wellness Center, including Dr. Beth or Stacy—however, if you are already seeing someone elsewhere, you may continue your existing treatment. This requirement is to help you to further process the information that you learn throughout Soul Food. We hope to maximize self-discovery by creating this opportunity for you to explore ideas developed in group session.

Additionally, we will be having mindfulness and eating practice with food during select sessions; you may be asked to bring food to share with the group at these times.

Lastly, we ask that you purchase the following books, as they will assist in your journey throughout the program:

Session One:

You're Not What You Weigh (Lisa Bevere)

Thin Within (Dr. Habib Sadeghi)

Reinventing the Meal (Dr. Pavel G. Somov)

Session Two:

TBA

Thank you for your cooperation!

INFORMED CONSENT AGREEMENT

PURPOSE

The purpose of this agreement is to set forth the basic provisions concerning your treatment provider, admission, treatment, discharge, and follow-up.

UNDERSTANDING

1. Admission to outpatient treatment is voluntary and may be terminated by the patient at any time for any reason. Consent may be withdrawn in writing.
2. You have the right to have your treatment provider make fair and reasonable decisions about your care and participate in your treatment planning.
3. Treatment methods, benefits, and possible alternatives will be explained to you as well as the consequences of not receiving treatment. The risks and benefits will be explained to you. You have the right to decline these treatments.
4. Fees and billing procedures will be explained to you in advance.
5. You will not be recorded or videotaped without your written consent or knowledge. Your workbook will not be viewed by the facilitator, other group members, or any other faculty.
6. Any testing, reports, consultation, and/or referral procedures will be explained to you.
 - a. A copy of your rights as a patient, as approved for under Wisconsin Statute 51.61, has been given to you. These rights explain grievance procedures.
 - b. You may ask to see or be seen by your therapist's supervisor
 - c. A copy of this signed form is available to you upon request
7. Treatment information is considered confidential within certain state and federal limitations.
8. The limits (exceptions) to confidentiality of treatment information are:
 - a. To prevent harm or injury to myself, someone else, including child or elder abuse; and
 - b. By order of a judge.
9. Each therapist has their own practice of using or not using e-mail or text messaging to communicate with clients. E-mails and texts are not a guaranteed method of communication. E-mails sent to officemanager@lakefrontwellness.com will be printed and given to your therapist. While all efforts are made to ensure the confidentiality of e-mail communications the most confidential form of communication is over the phone or via voicemail.

10. As a clinic we provide emergency/crisis services to our clients. Each therapist is expected to keep an active list of client names and contact information with them at home for this reason. Therapists keep names and contact information secure.
11. Your treatment provider may terminate your admission during the course of treatment for the following reasons:
 - a. Noncompliance with the course of treatment or violation of clinic rules;
 - b. Repeated cancellations or missed appointments;
 - c. Not contacting the clinic for 30 consecutive days;
 - d. Aggressive or violent behavior towards the therapist or others at the clinic;
 - e. If you need service beyond the specialty or knowledge of your treatment provider, in which case your provider will help with a referral;
 - f. Refusal to pay or make arrangements for paying, in which case, you will have the right to be referred to other service.
12. Lakefront Wellness Center may follow up after treatment with contact by phone, mail or e-mail.

ACCEPTANCE

I, _____, have read/discussed these provisions with my therapist and I do accept the conditions governing my admission, treatment, discharge, and follow-up. This consent is effective from the date of signature for no more than 15 months, at which time it shall be renewed if I wish to continue treatment.

Patient or Guardian Signature	Date
Witness/Therapist	Date

GROUP CONFIDENTIALITY AGREEMENT & GUIDELINES

(As developed by John Breeskin, PhD, ABPP of the American Psychological Association)

1. **CONFIDENTIALITY:** *Anything said between two or more group members at any time is part of the group and is confidential.* I understand that everything said in group is confidential. I agree to keep secret the names of other members of the group and what is said in the group. I agree to keep secret anything which occurs between or among group members. I understand that there is an exception to this confidentiality which applies to the group leader. If the group leader believes that someone is in danger, the leader has a professional obligation to take direct action in order to keep everyone safe.

I agree not to keep secret from the group anything which occurs within the group. Anything which occurs between or among any members is part of the group is kept secret from anyone outside of the group but is not kept secret from the group. This also applies to any individual meeting you may have with a group leader. I understand that if I violate this confidentiality I could be removed from the group.

2. **PRIVACY (The Stop Rule):** No group member is ever required to answer any question, to participate in any activity, or to tell anything. If I am asked questions or asked to participate in an activity which makes me feel uncomfortable, I understand that I have the right to pass, that is, the right to refuse. I agree that I will never pressure other group members to participate in any discussion or activity after the member has passed or refused. I understand that the group leader is obliged to protect this right. I also understand that I will benefit more from group the more I am able to take risks in sharing and participating.
3. **DIGNITY:** No group member is ever humiliated, hazed, or abused in any way. I agree to avoid this destructive behavior.
4. **VIOLENCE OR INTIMIDATION:** Violence or intimidation toward other group members is never tolerated. I understand that I must never be violent or intimidating toward other group members and that if I threaten or harm persons or property I will be asked to leave the group.

5. **ALCOHOL AND OTHER DRUGS:** Group members cannot participate in the group under the influence of alcohol or other mind altering drugs. When under the influence of chemicals, persons do not have access to their emotions and have less control over their behavior. I understand that if the leader believes that I am under the influence of alcohol or other drugs, I will be asked to leave the group.
6. **EXCLUSIVE RELATIONSHIPS:** Dating and other exclusive relationships between or among group members are not a good idea. The relationships can make other group members feel left out. When a couple breaks up, for example, this can be most painful and may make it impossible for these people to continue in the group. Since anything which occurs between or among group members is part of the group, members who are dating or in very exclusive relationships may be embarrassed when their intimate moments are discussed in the group.
7. **GOSSIP:** Gossip and secret grudges can be very destructive in a group. I agree that if I have something to say to another group member, I will try to say it to the member directly rather than talk about him/ her behind his/her back.
8. **ATTENDANCE:** I agree that I will attend every meeting unless an emergency arises or unless otherwise approved by the facilitator. If an emergency should arise I will notify the group leader prior to the meeting to tell him or her that I will be unable to attend. I understand that the group leader will tell the group what has happened. I understand that if I have three unexcused absences, my continued group membership will be discussed.
9. **RESPONSIBILITIES:** I understand that it is the group leader's responsibility to enforce these procedures and guidelines. The group may, when it wishes, propose other procedures and guidelines which will be up to the group to monitor.
10. **TERMINATION:** Usually, group members decide, within the group, with the leader, when it is time to leave the group. Sometimes it is necessary for a group member to leave the group unexpectedly. This can cause group members to wonder if they have harmed the leaving member. I promise that if I must leave the group unexpectedly, I will come to a last group meeting and tell the members that I am leaving and say goodbye. I agree to announce this at the beginning of the last meeting so that the group has time to ask questions and say goodbye. If I decide to leave the group the group members may express their concerns but also respect the decision of the person wishing to leave.

I have read the procedures and guidelines for group and agree to be bound by them while I am a member of the group

Group Member

Date

I promise to faithfully enforce procedures and guidelines for this group.

Dr. Beth Johnson Psy. D.

07/01/2015

Stacy Hoag LPHC

07/01/2015

Group Leaders

Date

Soul Food: Weight and Lifestyle Inventory

Written and Developed by Thomas A. Wadden and Gary D. Foster

Adapted by Megan A. Schwartz

Wadden TA, Foster GD. The Weight and Lifestyle Inventory (WALI). *Obesity*. 2006; 14(Suppl 2):99S-188S

Information concerning use of the Weight and Lifestyle Inventory may be obtained from Thomas A. Wadden, Weight and Eating Disorders Program, University of Pennsylvania School of Medicine, 3535 Market Street, Suite 3029, Philadelphia, PA 19104

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WEIGHT AND LIFESTYLE INVENTORY PART II

Please answer the following questions about your eating habits, eating and activity patterns, family and living arrangements, and previous treatment.

SECTION F: EATING HABITS

1. Please indicate the degree to which you believe each of the following behaviors causes you to gain weight. In answering these questions, please use the 5-point scale below. Pick the one number that best describes how much the behavior contributes to your increased weight:

- 1) Does not contribute at all
- 2) Contributes a small amount
- 3) Contributes a moderate amount
- 4) Contributes a large amount
- 5) Contributes a great amount
 - a. _____ Eating with family
 - b. _____ Eating with friends
 - c. _____ Eating when socializing/celebrating
 - d. _____ Eating at business functions
 - e. _____ Eating when happy
 - f. _____ Eating in response to sight or smell of food
 - g. _____ Eating because of the good taste of foods
 - h. _____ Eating because I can't stop once I've begun
 - i. _____ Overeating at dinner
 - j. _____ Eating too much food
 - k. _____ Continuing to eat because I don't feel full after a meal
 - l. _____ Eating because I crave certain foods
 - m. _____ Eating because I feel physically hungry
 - n. _____ Eating while cooking/preparing food
 - o. _____ Eating when stressed
 - p. _____ Eating when depressed/upset
 - q. _____ Eating when angry
 - r. _____ Eating when anxious
 - s. _____ Eating when alone
 - t. _____ Eating when bored

- u. _____ Eating when tired
- v. _____ Overeating at lunch
- w. _____ Overeating at breakfast
- x. _____ Snacking after dinner
- y. _____ Snacking between meals

Please indicate any other factors that contribute a moderate amount or more to your weight gain:

2. Do you try to hide your eating habits from others?

3. How many days a week do you eat the following meals? Write the number of days in the space and the usual time of each meal.
 - a. Breakfast _____ days a week Time: _____
 - b. Morning Snack _____ days a week Time: _____
 - c. Lunch _____ days a week Time: _____
 - d. Afternoon Snack _____ days a week Time: _____
 - e. Dinner _____ days a week Time: _____
 - f. Evening Snack _____ days a week Time: _____

4. Who prepares your meals at home?

5. Who does the food shopping?

6. Please list your five favorite foods:

7. Please specify the amount (in cups, 8 oz.) of the following fluids you typically consume a day.

_____ skim milk _____ low fat milk _____ whole milk _____ seltzer water

_____ fruit juice _____ diet soda _____ tea _____ coffee _____ beer

_____ water _____ regular soda _____ wine _____ hard liquor _____ other

8. During a typical week, how many meals do you eat at a fast food restaurant (including drive thru and convenience stores)?

Breakfast _____ meals a week

Lunch _____ meals a week

Dinner _____ meals a week

9. During a typical week, how many meals do you eat at a traditional restaurant, coffee shop, cafeteria, or similar establishment?

Breakfast _____ meals a week

Lunch _____ meals a week

Dinner _____ meals a week

10. How many times a week do you typically eat out with other (including family)? _____

SECTION G: EATING PATTERNS

Directions: Please circle ONE answer for each question.

1. How hungry are you usually in the morning?

0 1 2 3 4

Not at all A little Somewhat Moderately Very

2. When do you usually eat for the first time?

0 1 2 3 4

Before 9AM 9AM to 12PM 12PM to 3PM 3PM to 6PM After 6PM

3. Do you have cravings or urges to eat snack after supper, but before bedtime?

0 1 2 3 4

Not at all A little Somewhat Moderately Very

4. How much control do you have over your eating between supper and bedtime?

0 1 2 3 4

Not at all A little Somewhat Moderately Very

5. How much of your daily food intake do you consumer *after* suppertime?

0 1 2 3 4

0% 1-25% 26-50% 51-75% 76-100%

6. Are you currently feeling blue or down in the dumps?

0 1 2 3 4

Not at all A little Somewhat Moderately Very

7. When you are feeling blue, is your mood lower in the:

0 1 2 3 4

Early morning Late morning Afternoon Early Evening Late Evening/Night

_____ Check here if your mood does not change during the day.

8. How often do you have trouble getting to sleep?

0 1 2 3 4

Never Sometimes About half the time Usually Always

9. Other than only to use the bathroom, how often do you get up at least once in the middle of the night?

0 1 2 3 4

Never Less than once About once More than Every night
a week a week once a week

*******IF 0 ON #9, PLEASE SKIP TO #16*******

10. Do you have cravings or urges to eat snacks when you wake up at night?

0 1 2 3 4

Not at all A little Somewhat Very Much So Extremely

11. Do you need to eat in order to get back to sleep when you awake at night?

0 1 2 3 4

Not at all A little Somewhat Very Much So Extremely

12. When you get up in the middle of the night, how often do you snack?

0 1 2 3 4

Not at all A little Somewhat Very Much So Extremely

*******IF 0 ON #12, PLEASE SKIP TO #15*******

13. When you snack in the middle of the night, how aware are you that you are eating?

0 1 2 3 4

Not at all A little Somewhat Very Much So Completely

14. How much control do you have over your eating while you are up at night?

0	1	2	3	4
Not at all	A little	Somewhat	Very Much So	Completely

15. How long have your difficulties with night eating been going on?
 _____ months _____ years

SECTION H: PHYSICAL ACTIVITY

1. To what extent do you enjoy physical activity? (Check one)

- _____ not at all
 _____ slightly
 _____ moderately
 _____ greatly

2. Do you have any physical problems that limit your physical activity? YES NO

If yes, please describe:

3. What types of physical activity do you enjoy? List only ones that you have participated in *during the last year*.

4. For your most preferred activity, how many times have you participated in this activity *in the past 6 months*? _____ times

5. How many hours of TV do you watch on an average *weekday*? _____ hours
 ...*weekend day*? _____ hours

6. Approximately how many city blocks or the equivalent do you regularly walk each day?
 _____ blocks. (12 blocks = 1 mile)

7. How many flights of stairs do you climb each day? _____ flights. (1 flight = 10 stairs)

8. Please describe your daily lifestyle (i.e., how active you are) by picking any number from 1 to 10 in which 1 = very seldom and 10 = very active. Your number is: _____

SECTION I: FAMILY AND LIVING ARRANGEMENTS

1. I am currently: (Check one)

- Single
- Married
- Divorced
- Separated
- Widowed

2. Currently, I am: (Check one)

- Living alone
- Living with a spouse/partner
- Living with a significant other
- Living with children
- Living with parents/step-parents
- Living with other relatives
- Living with roommates

3. Please indicate the total number of persons living in your home. _____

4. If you are currently involved in an intimate relationships (significant other), please answer these questions.

What is this person's attitude towards your efforts to lose weight? (Circle one)

- a. Strongly supports my efforts
- b. Supports my efforts
- c. Neutral
- d. Opposes my efforts
- e. Strongly opposes my efforts

- f. Please describe briefly what this person does either to help or hinder your efforts to lose weight:

5. How satisfied are you with your overall relationship with this person? (Circle one)

- a. Very satisfied
- b. Satisfied
- c. Neutral
- d. Dissatisfied
- e. Very Dissatisfied

6. Will other people support your efforts to lose weight? YES NO

7. How many people do you talk with about your weight when you are upset about it?

8. Will other people oppose or undermine your efforts to lose weight? YES NO

SECTION I: PREVIOUS TREATMENT

- 1. Have you ever had any problems at any time with depression, anxiety, or other emotions that affected your typical functioning? YES NO
- 2. Have you ever sought professional help for emotional problems?

Problem	Year	Duration	Type of Professional Help
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION J: TIMING

- 1. Please indicate if you are currently experiencing any great than usual stress in your life related to the following events:
 - a. Work
 - b. Health
 - c. Relationship with spouse/significant other

- d. Activities related to your children
- e. Activities related to your parents
- f. Legal/financial trouble
- g. School
- h. Moving
- i. Other

Are you planning any major life changes during the next 6 months?

2. How stressful has your life been during the past 6 months?
3. How stressful do you think that your life will be in the next 6 months, excluding your efforts to lose weight?
4. How motivated are you to lose weight at this time? Pick a number between 1 and 10, in which 1 = not motivated and 10 = greatest motivation you have ever had.
5. Why do you want to lose weight right now, as compared to 1 year ago? What has prompted you to lose weight now?
6. What is the single most important thing that you hope to achieve as a result of losing weight?
7. People who want to achieve long-term weight control need to spend at least 30 minutes a day, for a minimum of 6 months trying to change their eating, exercise, and thinking habits. Please check the number below that best describes you:

____1. I definitely will not be able to devote 30 minutes daily to weight control.

____2. I'm not sure if I can find 30 minutes daily for weight control.

____3. I can definitely find 30 minutes daily for weight control.

____4. I can devote more than 30 minutes daily for weight control.

8. Rate how confidently you are that you will be able to significantly change your eating and exercise habits.

BINGE EATING SCALE

Please complete the following questionnaire and return to Megan Schwartz or Dr. Beth Johnson at your intake appointment.

Below are groups of statements about behavior, thoughts, and emotional states. Please indicate which statement in each group best describes how you feel.

- I do not think about my weight or size when I'm around other people.
 - I worry about my appearance, but it does not make me unhappy.
 - I think about my appearance or weight and I feel disappointed in myself.
 - I frequently think about my weight and feel great shame and disgust.
-
- I have no difficulty eating slowly.
 - I may eat quickly, but I never feel too full.
 - Sometimes after I eat fast I feel too full.
 - Usually I swallow my food almost without chewing, then feel as if I ate too much.
-
- I can control my impulses towards food.
 - I think I have less control over food than the average person.
 - I feel totally unable to control my impulses toward food.

- I feel totally unable to control my relationship with food and I try desperately to fight my impulses toward food.

-
- I do not have a habit of eating when I am bored.
 - Sometimes I eat when I am bored, but I can often distract myself and not think about food.
 - I often eat when I am bored, but I can sometimes distract myself and not think about food.
 - I have a habit of eating when I am bored and nothing can stop me.

-
- Usually when I eat it is because I am hungry.
 - Sometimes I eat on impulse without really being hungry.
 - I often eat to satisfy hunger even when I know I've already eaten enough. On these occasions I can't even enjoy what I eat.
 - Although I have not physically hungry, I feel the need to put something in my mouth and I feel satisfied or only when I can fill my mouth (for example with a piece of bread).

After eating too much:

- I do not feel guilty or regretful at all.
 - I sometimes feel guilty or regretful.
 - I almost always feel a strong sense of guilt or regret.
-
- When I'm on a diet, I never completely lose control of food, even in times when I eat too much.
 - When I eat a forbidden food on a diet, I think I've failed and eat even more.
 - When I'm on a diet and I eat too much, I think I've failed and eat even more.

- I am always either binge eating or fasting.

- It is rare that I eat so much that I felt uncomfortably full.

- About once a month I eat so much that I felt uncomfortably full.

- There are regular periods during the month when I eat large amounts of food at meals or between meals.

- I eat so much that usually, after eating, I feel pretty bad and I have nausea.

- The amount of calories that I consume is fairly constant over time.

- Sometimes after I eat too much, I try to consume few calories to make up for the previous meal.

- I have a habit of eating too much at night. Usually I'm not hungry in the morning and at night I eat too much.

- I have periods of about a week in which I imposed starvation diets, following periods of when I ate too much. My life is made of binges and fasts.

- I can usually stop eating when I decide I've had enough.

- Sometimes I feel an urge to eat that I cannot control.

- I often feel impulses to eat so strong that I cannot win, but sometimes I can control myself.

- I feel totally unable to control my impulses to eat.

- I have no problems stopping eating when I am full.

- I can usually stop eating when I feel full, but sometimes I eat so much it feels unpleasant.

- It is hard for me to stop eating once I start, I usually end up feeling too full.
- It is a real problem for me to stop eating and sometimes I vomit because I feel so full.

-
- I eat the same around friends and family as I do when I am alone.
 - Sometimes I do not eat what I want around others because I am aware of my problems with food.
 - I often eat little around other people because I feel embarrassed.
 - I'm so ashamed of overeating, I only eat at times when no one sees me. I eat in secret.

-
- I eat three meals a day and occasionally a snack.
 - I eat three meals a day and I usually snack as well.
 - I eat many meals, or skip meals regularly.
 - There are times when I seem to eat continuously without regular meals.

-
- I don't think about impulses to eat very much.
 - Sometimes my mind is occupied with thoughts of how to control the urge to eat.
 - I often spend much time thinking about what I ate or how not to eat.
 - My mind is busy most of the time with thoughts about eating.
 - I seem to be constantly fighting not to eat.

-
- I don't think about food any more than most people.
 - I have strong desires for food, but only for short periods.
 - There are some days when I think of nothing but food.
 - Most of my days is filled with thoughts of food. I feel like I live to eat.

-
- I usually know if I am hungry or not. I know what portion sizes are appropriate.

- Sometimes I do not know if I am physically hungry or not. In these moments, I can hardly understand how much food is appropriate.
- Even if I knew how many calories I should eat, I would not have a clear idea of what is, for me, a normal amount of food.

How to Reach Your Therapist in Case of Emergency
Please Keep this Sheet

Form 8a1

Dear Client,

Your therapist desires to provide service in case of emergency. Examples of emergencies include, but are not limited to, serious changes in mental health, suicidal or homicidal thoughts, threats of abuse to self or others, and reckless behavior. To accommodate emergencies, we maintain accessibility by an urgent notification system in the regular voicemail system. It is activated when you press **#71#** **after you leave your voicemail message on your therapist's voicemail. Please remember to leave your name, number and the nature of the emergency. Your therapist may not have your number if you do not leave it.**

Please do not use the urgent notification system for non-urgent situations. During normal office hours (9am -5pm) it is best to also speak directly to the office manager to increase our responsiveness to you. Please note that we cannot guarantee emergency coverage but we will do our best to help you!

Some therapists use texting. Texting or emailing is not the correct way to notify your therapist of your emergency need. Please avoid texting your therapist unless your therapist has texted you to clarify an appointment.

If you or the office manager is unable to reach your therapist in cases of emergency and you need immediate service, we recommend that you call your nearest hospital that provides psychiatric services or present yourself there. We do not anticipate that this would happen but we must be cautious and direct you what to do in advance. We ask that you notify us as soon as possible if you are hospitalized without our assistance. The simplest method of obtaining emergency services is to call **911** but we have prepared a list of local psychiatric hospitals and a few crisis lines.

General Help	
HELPLINE _____	414.773.0211
Domestic Violence	
Advocates "Friends for Victims of Abuse" _____	414.375.4034
Domestic Violence Unit _____	414.278.4792
Compassionate Friends-Waukesha City Chapter _____	262.462.3903
Children and Teens	
Teen Hotline or Dial Harmony (for parents and teens) _____	262.547.3388
Nationwide Girls and Boystown Hotline _____	800.448.3000
Cope Teen Line _____	262.377.7786
Child Adolescent Treatment Center _____	414.257.7611
Child Protective Services _____	414.289.6444
Rogers Memorial Hospital (West Allis) _____	414.327.3000
Rogers Memorial Hospital (Oconomowoc) _____	800.767.4411
Emergency Psychiatric	
Milwaukee City Psychiatric Crisis Service _____	414.257.7620
Columbia St. Mary's Hospital _____	800.457.6004 or 414.291.1620
Community Memorial Hospital _____	262.251.1005
Aurora Psych _____	414.454.6600
Rogers Memorial Hospital (West Allis) _____	414.327.3000
Rogers Memorial Hospital (Oconomowoc) _____	800.767.4411
St. Michael's Hospital _____	414.527.8131
St. Mary's Ozaukee _____	262.243.7388
Waukesha Memorial Hospital _____	262.928.4036