Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

Individual’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Source (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Source (Phone #): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please call me at the above phone number.

A referral for a Substance Use Disorder assessment has been made to the following agency:

Agency Name:

Address:

Phone #:

Please call the above agency as soon as possible to schedule an appointment.

\*Don’t forget to mention that you have been referred by Children’s Administration.