

SUBSTANCE USE DISORDER REFERRAL FORM
from
DCFS Children's Administration / Agency
(Please circle one)

Date of Referral: _____ / _____ / _____ Date written report needed: _____ / _____ / _____

Referral Source: _____

Address: _____
 (Street) _____
 _____ (City) _____ (Zip)

Phone #: (____) _____

Individual's Name: _____
 (First) (MI) (Last)

Address: _____
 (Street) (City) (Zip)

Phone: # _____ Parent DOB: _____ / _____ / _____

Services Requested: ASSESSMENT TREATMENT
 Childcare needed at first appointment? NO YES
 Is individual referred pregnant? NO YES N/A
 CPS involved or assigned to family? NO YES
 if yes: _____ # _____
 (CPS Worker Name) (Phone Number)
 Public Health Nurse involved or assigned to family? NO YES
 if yes: _____ # _____
 (PHN Name) (Phone Number)

Presenting Problem: (Reason for referral. Include known, suspected or reported substances used, problems related to alcohol / drug use, etc.)

_____ (Use back page if more room is needed.)

Past or present Opiate Substitution Therapy (OST) treatment? NO YES

If yes, dates & agencies, if known:

Past or present Substance Use Disorders (SUD) treatment? NO YES

If yes, dates & agencies, if known:

If applicable, list mental health diagnosis and current medications:

Prescriber Name & #: _____ # (____) _____

**ATTACH signed Consent to Release Confidential Information.
Mail any relevant reports such as police, CPS Referral, medical or mental health.**

Additional Comments

CHILDREN'S ADMINISTRATION NOTIFICATION

SCHEDULED APPOINTMENT CONTACT STATUS:

Assessment scheduled for: _____ / _____ / _____

Agency Staff Name: _____ Contact #: (____) _____

UNABLE TO SCHEDULE APPOINTMENT CONTACT STATUS:

Name of Agency individual was referred to: _____ Date / Time of scheduled assessment: _____ / _____

Agency Staff Name: _____ Contact #: (____) _____

NO CONTACT STATUS:

Date of missed appointment: _____ / _____ / _____ Agency Staff Name: _____ Contact #: (____) _____

Efforts made to reschedule:

Note: Written report of assessment to be sent to the referral source within 5 business days of the completion of the provided service.