

FIRST Recovery
2328 Peters Creek Rd. NW
Roanoke Virginia 24017
Phone: (540) 491-4449/Fax: (540) 767-5427

REFERRAL FORM SUBSTANCE USE DISORDER TREATMENT

Name: _____ Male _____ Female

Address: _____

Date of Birth: _____ Guardian: _____

Home Ph: _____ Work/Cell Ph: _____

Referred by: _____ Ph: _____

Medicaid #: _____ Social Security #: _____

Insurance Provider: _____

1. Diagnosis

Diagnosis: _____

2. Medications

Medication Prescribed: _____

Date Medication Prescribed: _____

Prescribing Doctor: _____

3. Substance of abuse:

Previous Services:

Reason for Referral:

Any current legal issues:
