



# Referral Form

Date of Referral \_\_\_\_\_

Please Include the Following:

1. Referral Page
2. Substance Abuse Assessment – Most Recent
3. Contact Phone Number
4. Current Valid Driver's License/State ID – Send Copy

Full Name: \_\_\_\_\_  
Last First M.I. Age Date of Birth

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code Phone

County of Legal Residence: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Race: \_\_\_\_\_ Hispanic:  YES  NO Veteran:  YES  NO # of Dependents: \_\_\_\_\_

Education Level: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_ Income Source: \_\_\_\_\_

SSI/SSDI Eligible:  YES  NO Insurance:  YES  NO EPC or MHB:  YES  NO Suicide Attempts in Last 30 Days:  YES  NO

Prior to Treatment Living Arrangements:  ALONE  W/RELATIVES  W/NON-RELATED Type of Residence: \_\_\_\_\_

Legal Status: \_\_\_\_\_ # of Arrests in Last 6 Months: \_\_\_\_\_ IV Drug User:  YES  NO

Medical / Mental Health Diagnosis (Specify): \_\_\_\_\_

Infectious Disease Screening: Testing for Hepatitis A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ HIV: \_\_\_\_\_ Results: \_\_\_\_\_  
 At-risk behaviors for infection: IV use / shared needles \_\_\_\_\_ Unprotected sex with unknown status \_\_\_\_\_

Medications: \_\_\_\_\_

Refills available?: \_\_\_\_\_

Dr / Prescriber: \_\_\_\_\_ Appointments scheduled? \_\_\_\_\_

	1 <sup>st</sup> Drug of Choice		2 <sup>nd</sup> Drug of Choice		3 <sup>rd</sup> Drug of Choice	
Name of Drug						
Age of 1 <sup>st</sup> Use/Date Last Use						
Use in Past Month/How Often?	YES	NO	YES	NO	YES	NO
Volume/Per Day, Week, or Month						
Route (Oral/Nasal/Smoke/IV)						

Please Return to Courtney Johnson, Admissions Coordinator  
 Phone: 402-371-5310 ext. 2007  
 Fax: 402-396-8100  
 Email: cjohnson@link-recovery.org



# Referral Form

Date of Referral \_\_\_\_\_

# of Prior Treatment Episodes: \_\_\_\_\_

Where: \_\_\_\_\_ Admission Date: \_\_\_\_\_ Expected Discharge Date: \_\_\_\_\_

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Referred By (Counselor): Counselor Signature: \_\_\_\_\_

Referral Taken By? \_\_\_\_\_

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

Form Revised 4/2021

Please Return to Courtney Johnson, Admissions Coordinator  
Phone: 402-371-5310 ext. 2007  
Fax: 402-396-8100  
Email: [cjohnson@link-recovery.org](mailto:cjohnson@link-recovery.org)