



Lifeways Recovery Center Interagency Referral Form

Date: _____

Referring Agency Information:

Agency Name: _____

Contact Person

Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Fax Number: _____

Address: _____

Client/Patient Information

Client/Patient Name: _____

Date of Birth: _____

Gender: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information

Emergency Contact Name: _____

Relationship to Client/Patient: _____

Phone Number: _____

Clinical Information

Primary Diagnosis: _____

Secondary Diagnosis (if applicable): _____

Substance(s) of Abuse: _____

Current Level of Care: _____

Is the client/patient on any medication? Yes/No

If yes, please specify: _____



Legal Information (if applicable)

Legal Status (e.g., probation, parole): _____
Court-Mandated Treatment Yes/No _____
Probation/Parole Officer Name (if applicable): _____
Probation/Parole Officer Phone Number (if applicable): _____

Insurance Information

Primary Insurance Provider: _____
Policy Number: _____
Group Number: _____
Subscriber Name: _____
Subscriber Date of Birth: _____

Referral Information

Reason for Referral: _____
Referral Source (e.g., self, family, court, other agency): _____
Is the client/patient aware of this referral? Yes/No _____
Is this referral time-sensitive? Yes/No _____

Additional Information (if applicable)

Has the client/patient been referred to a rehab facility previously? Yes/No _____
Previous Facility (if applicable): _____
Date of Previous Treatment: _____

Attachments (if applicable)

- Current ASAM, Assessment and/or Treatment Plan
- Release of Information
- Other relevant Documents

Please ensure that this interagency referral form is completed in its entirety to facilitate a smooth intake process. Once completed, you can submit this form to the designated intake coordinator via fax at 541-889-5102. If you have any questions or require further assistance, please do not hesitate to contact us at 541-889-2490.