



Changing Directions.  
Changing Lives.

## Referral Form

### TREE House Program Substance Abuse Treatment Program

**Address-** 7741 Roswell Road, Suite 101, Atlanta, 30350

**Office:** 770-522-9909 **Fax:** 404-564-4731

Please complete and fax or email the completed form to:

**Allecia Lowery** – Youth Family Recovery Coordinator: Allecia.Lowery@CHRIS180.org

**Samantha Muntz** – Family Coordinator: SMuntz@SummitCounseling.org

#### Referral Source

Contact Name: \_\_\_\_\_ Relationship to Consumer: \_\_\_\_\_

Organization (DFCS, School Name, Physician's Office): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Consumers Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Presenting Problems: \_\_\_\_\_

History of Problems/Involvement with other agencies: \_\_\_\_\_

Current Medical Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

#### **INTERNAL USE ONLY:**

Assessment scheduled with: \_\_\_\_\_

Date/Time of assessment: \_\_\_\_\_

Scheduled by: \_\_\_\_\_ Reminder Call: Date/Time: \_\_\_\_\_

Early Intervention & Prevention /  IOP /  Recovery  Morning /  Afternoon /  Evening