



Substance Abuse Treatment Program Referral Form



North Fulton Service Center
7741 Roswell Road, Suite 101, Atlanta, 30350
Phone: 404.613.1658

Please email the completed form to:

TREEhousereferral@chris180.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: _____

School & Grade: _____

Parent/Guardian Name(s): _____

Telephone #: _____ Email: _____

Reason for Referral: _____

Involvement with other agencies: _____

Current Medical Problems: _____

INTERNAL USE ONLY:

Assessment scheduled with: _____

Date/Time of assessment: _____

Scheduled by: _____ Reminder Call: Date/Time: _____