



## Referral and Confirmation of Appointment for Substance Use Disorder Assessment

### Step 1: Demographic Information

Name of Referral: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

### Step 2: Reason for Referral

Please explain below or attach additional information:

### Step 3: Send Results from Assessment:

Highland Rivers Providers, please conduct a substance use disorder assessment on the above individual. Please send the findings and recommendations to the following Officer:

Name and Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Step 4: Date, Time and Location of Assessment

Individual has an appointment for an assessment on: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Name of Provider: \_\_\_\_\_  
Address of Provider: \_\_\_\_\_

### Step 5: Signature of the Individual that Completed the Form

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

The information is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit any disclosure of this information unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical and other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Please ensure that the form is completed in its entirety.**