

Referral Form for Men's Residential Treatment



Please complete the following form in its entirety and accurately. Completion of this form *does not* guarantee acceptance into the program, as a face to face assessment is required to determine eligibility.

Name: _____ Date: _____

Date of Birth: _____

Physical Address: _____

Mailing Address: _____

Primary Phone Number: (_____) _____ - _____

Secondary Phone Number: (_____) _____ - _____

How were you referred to the Highland Recovery Center?

Marital Status: Single Married Divorced Partnered

Employment Status:

Substance Use History (please check all that apply):

Alcohol Marijuana Methamphetamine Heroin Cocaine/Crack Hallucinogenics
Benzodiazepines Opiates Other _____ IV Drug Use

Please indicate last date of use and amount used for above identified substances:

Significant Medical History:

Seizure Disorder Hepatitis C Tuberculosis Diabetes Traumatic Brain Injury
Other that may require 24/7 medical care.

*Note: These issues do not mean you will be disqualified from entrance into the program, rather resources *may* be available.

Please note any other significant medical conditions:

Nicotine use: Non-user Periodic user Daily user

Current Medication(s):

History of Treatment for Mental Health/Substance Use and any known Diagnosis:

Inpatient Detoxification Inpatient Mental Health Outpatient Substance Use
Outpatient Mental Health Residential Substance Use

Please explain above identified treatment (Where and When):

Current/Pending/Past legal History (If Applicable):

Have you participated in, or are currently in, a Treatment Court program? Yes No

If yes, please explain the outcome:

Insurance (If uninsured please note): _____

Primary Care Physician Contact Information:

Name: _____ Phone Number: (_____) _____ - _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Phone Number: (_____) _____ - _____

Probation/Parole Officer Contact information (If Applicable):

Name: _____ County: _____

Phone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

Attorney Contact Information (If Applicable):

Name: _____ Law Firm: _____

Phone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

By signing below you attest that the information you have provided in this referral form is accurate to the best of your knowledge. Your signature below and on the attached Releases of Information (ROI), acknowledges that the Highland Recovery Center (HRC) may contact you, your referral source, and any relevant legal/treatment entities involved in your admission process, for the purpose of obtaining more information pertaining to your current status and eligibility for admission, as further delineated by the accompanying ROI. Furthermore, this will serve to relay any relevant information regarding the nature of the program, and/or your date of admission should you be placed on the program’s waiting list.

Printed Full Name: _____

Signature: _____ Date: _____

Thank you for your interest in the Highland Recovery Center. The next step is to contact our program to arrange a face to face assessment. For more information on assessment times please contact our administrative assistant and/or Residential Manager:

Millie Evans Admin. Assistant

Randall Wilson Residential Manager

millieevans@highlanddrivers.org

randallwilson@highlanddrivers.org

706-253-1169 Ext: 5301

706-253-1169 Ext. 5302

Attached to this referral form you will find two blank Releases of Information (ROI) for Highland Rivers Health CSB to communicate with any relevant parties involved in your possible admission and treatment. Releases of Information may be rescinded at any time by the applicant.

Please return this completed referral form to The Highland Recovery Center via mail, email or fax to the contacts listed below:

Address: The Highland Recovery Center
Attn: Randall Wilson
323 Roland Road Jasper, GA 30143

Cell: 678-908-7472

Email: randallwilson@highlanddrivers.org

Fax: 706-253-1113

For further information please contact:

Randall Wilson ICADC, CAD1, CAMS11, CPS
Residential Program Manager
The Highland Recovery Center
Phone: 706-253-1169 Ext: 5302