THRESHOLDS
SUBSTANCE USE TREATMENT

1-888-828-5709
773-432-6466
www.thresholds.org/substance-use

Thresholds Substance Use Treatment - Referral Form

Date: _____

Please fill in fields below and attach a completed Release of Information and current list of medications (if applicable). Please fax referral information to Peggie Ashlevitz at (773) 432-6867.

Please indicate treatment location:

☐ **South**
12145 S. Western Ave
Blue Island, IL 60406

☐ **West**
334 N. Menard Ave
Chicago, IL 60644

Referral Information:

Name:	**Preferred Name (with title, if appropriate):**
Phone Number:	**Mailing Address:**
List insurance plan and RIN #:	**Diagnosis (If Available):**
D.O.B.:	**Social Security Number:**
Reason(s) for referral:	**Specialized Intake Needs (if applicable):**

Staff Information:

Name:	**Company/Agency:**
Position/Title:	**Program/Department:**
Phone #:	**Address of Company/Agency:**
Email:	

If you have any questions, please feel free to contact us by calling **773-432-6466** or **1-888-828-5709**.