



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 Rosa Villanueva at (773) 432-6867.

Please indicate treatment location:

South

12145 S. Western Ave
Blue Island, IL 60406

West

3015 W Harrison St
Chicago, IL 60612

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**.