

Date:

773-432-6466 www.thresholds.org/substance-use

Internal Referral Form

Name: Preferred Name (with title, if appropriate): Date of Birth: Diagnosis (if available): Specialized Intake Needs (if applicable): Reason(s) for referral: Additional Comments:	Please fill in referral information below, and fax to Rosa Villanueva at (773) 432-6551.		
Member Information: Name: Preferred Name (with title, if appropriate): Smart Care #: Date of Birth: Phone #: Diagnosis (if available): Specialized Intake Needs (if applicable): Reason(s) for referral: Additional Comments: Additional Comments: Staff & Program Information: Position/Program: Phone #: Email:			
Name: Preferred Name (with title, if appropriate): Date of Birth: Phone #: Diagnosis (if available): Reason(s) for referral: Additional Comments: Staff & Program Information: Name: Position/Program: Email:		Chicago, IL 60612	
Smart Care #: Phone #: Diagnosis (if available): Specialized Intake Needs (if applicable): Reason(s) for referral: Additional Comments: Staff & Program Information: Name: Position/Program: Email:	Member Information:		
Phone #: Diagnosis (if available): Reason(s) for referral: Additional Comments: Staff & Program Information: Name: Phone #: Email:	Name:	Preferred Name (with title, if appropriate):	
Phone #: Diagnosis (if available): Reason(s) for referral: Additional Comments: Staff & Program Information: Name: Phone #: Email:			
Specialized Intake Needs (if applicable): Additional Comments: Staff & Program Information: Name: Position/Program: Email:	Smart Care #:	Date of Birth:	
Additional Comments: Staff & Program Information: Name: Position/Program: Phone #: Email:	Phone #:	Diagnosis (if available):	
Staff & Program Information: Name: Position/Program: Phone #: Email:	Specialized Intake Needs (if applicable):	Reason(s) for referral:	
Staff & Program Information: Name: Position/Program: Phone #: Email:			
Name: Position/Program: Phone #: Email:	Additional Comments:		
Name: Position/Program: Phone #: Email:			
Name: Position/Program: Phone #: Email:			
Name: Position/Program: Phone #: Email:			
Phone #: Email:	Staff & Program Information:		
	Name:	Position/Program:	
Team Leader: Program Director:	Phone #:	Email:	
Team Leader: Program Director:			
	ream Leaαer:	Program Director:	