

SERVICES V IMPACT V ABOUT V

CONTACT

DONATE

Howdy, angela <u> </u>

## REFERRAL FORM FOR REVIVE SERVICES

Which program are you interested in completing a referral for	r? <u>*</u>
<ul><li>Aftercare/Continuing Care</li><li>Alcohol/Other Drug Education</li></ul>	
Free Christ-Centered 12-Step Program	
Traditional Intensive Outpatient	
Outpatient Treatment  Delegate Description Outpatient Description	
<ul><li>Relapse Prevention Outpatient Program</li><li>Juvenile Intensive Outpatient</li></ul>	
Unity Houses	
Life Skills	
☐ Individual Counseling	
Evaluations	
How did you hear about Revive? *	
Radio Station	
<ul><li>Revive Website</li><li>Facebook</li></ul>	
□ Family/Friends	
Other (please list)	
First Name *	Last Name <u>*</u>
Age <u>*</u>	Sex/Gender *   **P
	○ Male
	Female
Phone *	Email <u>*</u>
Street Address *	
City *	County **
State *	Zip Code <u>*</u>
Option	
Do you have a legal guardian? **.	Are you a veteran? **.
<ul><li>Yes</li><li>No</li></ul>	<ul><li>Yes</li><li>No</li></ul>
Are you a US Citizen? <u>*</u>	
<ul><li>Yes</li><li>No</li></ul>	
Reason for Referral: <u>**</u>	
Do vou uso ony substance 2	Have you been exposed to any infectious diseases in the past
Do you use any substances? *  Yes	two weeks like Covid, Chicken Pox, Shingles, MRSA, Lice,
<ul><li>Yes</li><li>No</li></ul>	Mumps, Measles, Bed Bugs, Hepatitis, AIDS/HIV, Tuberculosis?
	○ Yes
	○ No
Do you have any current health issues? *	Do you take any medications? <u>*</u>
○ Yes	○ Yes
○ No	○ No
Have you ever been placed on a Mental Health Board	Have you (or anyone on your behalf) applied for
Commitment? <u>**</u> Yes	Medicaid/Medicare? This includes other medical offices, caseworker, etc. <u>*</u>
<ul><li>Yes</li><li>No</li></ul>	○ Yes
	○ No
Do you have any Insurance? *	
O Yes	
○ No	
	needed at the time of your appointment. To provide this information
ahead of time, you can email a copy of your card (front and b	ack) to ****@reviveinc.org.
	t? We will make every attempt to call you the next business day. Thank
you for your interest in Revive. **.	

SEND REFERRAL TO REVIVE