



The
Recovery
Connection

Admissions Referral Form

Full Legal Name: _____ Date of Birth: ____/____/____

SSN: _____ Gender/ Pronouns : _____

Phone Number: _____ Email: _____

Race/ Ethnicity: _____ Pregnant or May Be Pregnant? ☐Yes ☐No

Most Recent Address/ Permanent Address: _____

Insurance MCO: _____ Member ID: _____

If incarcerated, date of incarceration and next court date? If in treatment, estimated discharge date? _____

Contact name and phone number: _____

Last Date of Use/ Substances Used: _____

List of Current Medications: _____

Past Treatment Services? _____

Anything else you may want us to know: _____
