

**RESIDENTIAL and DAY TREATMENT  
REFERRAL COVER SHEET**

REFERRAL DATE:    /    /                      DAY TREATMENT     RESIDENTIAL TREATMENT   
                                  DD   MM        YYYY

| REFERRING PARTY INFORMATION |  |              |  |
|-----------------------------|--|--------------|--|
| Agency Name                 |  |              |  |
| Staff Name                  |  |              |  |
| Staff Phone #               |  | Staff E-mail |  |

| CLIENT INFORMATION |   |
|--------------------|---|
| Client Name        |   |
| Client DOB         |   |
| Client Phone #     | Client permission to call? <input type="checkbox"/> Yes <input type="checkbox"/> No    Can we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Client E-mail      |   |
| Client Address     |   |
| Client Gender      |   |

| ASSESSMENT INFORMATION  |
|---|
| <b>NOTE: Standardized assessment (GAIN Q3 MI ONT or ADAT) is required.</b>  |
| GAIN Q3 MI ONT completed? <input type="checkbox"/> Yes <input type="checkbox"/> No (Edited/final Recommendation & Referral Summary and Diagnostic Impressions Report must be attached)                        |
| ADAT completed? <input type="checkbox"/> Yes <input type="checkbox"/> No (ADAT Tracking Summary, DHQ and Health Screening Form must be attached)  |
| Have there been any significant changes in the client's substance use pattern, health status or living situation since the assessment was completed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please describe: _____  |
| _____   |
| _____   |
| _____   |
| _____   |
| _____   |

| ADDITIONAL RELEVANT INFORMATION | REFERRAL CHECKLIST   |
|---------------------------------|--|
|                                 | <input type="checkbox"/> Consent to release/obtain info complete & attached<br><input type="checkbox"/> Referral cover sheet completed<br><input type="checkbox"/> Assessment complete & attached<br><b>Note:</b> A Well-Being form will be sent after client is given an admit date |