



**Credo Community Center for the Treatment of Addictions, Inc.  
Chemical Dependency Services Community Referral Form**

**Identifying Information**

Name:	Date of Birth:	Gender:
Address: Street/PO Box CITY, STATE, ZIP	Insurance Company:	
	Insurance Policy Number:	
	Social Security Number: - -	
	Home Phone Number: ( ) -	
	Cell Phone Number: ( ) -	
	Can we state agency name when calling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate any need for language/interpretation services; specify language spoken if other than English:	Race/ Ethnicity:	
	Marital Status:	
Reason for Referral:		

<b>Additional Information</b>	<b>Provide Available Detail</b>
Referral Source (Self, Probation, Parole, Physician, Etc.)  <i>If Physician, please send medical records/history of physical with/in past year</i>	NYSID#: Release Signed: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>**Please provide NYSID Info and send release for ALL Criminal Justice Referrals</i>
Referral Source Contact Information (Phone Number, Address, Contact person, Etc.)	NAME: _____ PHONE: ( ) - _____, ext.  ADDRESS: STREET/PO BOX CITY, STATE, ZIP
Is this individual receiving additional services from other agencies? (Description of Services, Contact Name, Contact Number, Duration of Service, Etc.)	

Emergency Contact Person (Name, Phone Number, Relation, Etc.)	
Previous Treatment History (Details, Dates) Drug of Choice, Treatment Facility, Detox, Mental Health, Inpatient, Etc.)	
Drug of Choice (Drug, Date of Last Use, Frequency of Use, Etc.)	
Any history of IV needle use? If so, date last used.	
Any chance of being pregnant?	<input type="checkbox"/> N/A
Is this mandated treatment? (Court, Probation, Doctor)	
Does this individual have a primary care physician? If yes, please provide contact information.	

**Narrative**

Provide any additional information that may be helpful to the clinician and Treatment Team assessing this individual.

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**Contact Information for Person Completing Referral:**

Name:		Title:	
Organization:	Address: STREET/PO BOX CITY, STATE, ZIP	County:	
Phone: ( ) - ,ext. Fax: ( ) - ,		Email:	
Signature:		Date:	

**Credo Community Center Chemical Dependency Services**

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