



5673 Airport Road, Roanoke VA 24012

Main office Phone: 540-523-8080 opt 1 / Fax: 540-512-9775

Preferred mode of referral:

truenorthreferrals@intercepthealth.com

For psychiatric referral by phone: 523-8080 option 1

For substance use referrals by phone: 540-759-8209

Referral Date: _____

Referral Information

Name or Agency Making Referral:	Phone: Fax:	Address:
Name of Person Making Referral:	Email Address:	

Client Information

Client Name:	DOB:	Gender:
Client Address:		
Parent/Guardian Name:	Client Contact Email:	Client Contact Number:
Insurance Type:	Insurance ID Number:	

Reason for Referral (Please check all that apply)

<input type="checkbox"/> Substance Abuse Assessment <input type="checkbox"/> Outpatient SA education groups/aftercare <input type="checkbox"/> Intensive Outpatient Program (IOP) <input type="checkbox"/> Partial Hospitalization Program (PHP) <input type="checkbox"/> Residential (ASAM 3.1)	<input type="checkbox"/> MAT Services <input type="checkbox"/> Suboxone <input type="checkbox"/> Vivitrol	<input type="checkbox"/> Psychiatric Medication
<input type="checkbox"/> Failed Urine Drug Screen Please List What Substance {s}	<input type="checkbox"/> Failed Pill Counts	<input type="checkbox"/> Alcohol Abuse
<input type="checkbox"/> Discharged from Clinic	<input type="checkbox"/> Multiple Prescribers	<input type="checkbox"/> Current Legal Charges List court date(s) and charges:
Please Attach any supporting documents: Release of Information, Office Notes, or Lab results.		

For Intercept Office Staff Only

<input type="checkbox"/> Information Screened	<input type="checkbox"/> Eligible for Services: Contact for Appointment	<input type="checkbox"/> Ineligible for Services: Describe reason
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Screening Staff Signature: _____ Date: _____