Addiction Services of Thames Valley | Services de toxicomanie de Thames Valley

heartspace Program
REFERRAL FORM

ADDRESSOGRAPH

☐ **VERBAL CONSENT HAS BEEN OBTAINED** (please obtain before submitting referral)

Internal ADSTV Referral (Open File)
☐ Yes ☐ No (*if Yes, please only complete areas with **)

***CLIENT'S NAME**:__________________________ ***D.O.B. (d/m/y)**:________________
GENDER: ☐ Female ☐ Other
TELEPHONE: ( ) ____________________ Okay to leave message? ☐ Yes ☐ No
Located in Thames Valley Region:
☐ London ☐ Middlesex County ☐ Elgin County ☐ Oxford County

***ELIGIBILITY CRITERIA (check all that apply):**
☐ Historical use of substances ☐ Current use of substances
☐ Seeking Relapse Prevention ☐ Seeking Substance/Parenting Support

***PRIORITY POPULATION (check all that apply):**
☐ Women who parenting children prenatally to age 6 yrs
☐ Women who are currently pregnant
☐ Youth (London/Middlesex-21 and under, Elgin-18 and under, or Oxford-18 and under)

REFERRING AGENCY: ____
*Contact Name:__________________________ Phone: ( )________________Ext: ____
Fax: ( )______________________________ Email:______________________________
ADDITIONAL COMMENTS:____
____
____

Signature:_____________________________ **Date**:_______________________________

FOR OFFICE USE ONLY

Date Received:		**Received By:**
Existing Client? Y / N	**Catalyst #:**	**File Status:**
Next Steps:		

FAX COMPLETED FORM TO: 519-673-1022

CONSENT FOR THE RELEASE OF INFORMATION

I____ ____________________________

Please print Full Name Date of Birth (dd/mm/yyyy)

hereby provide my consent to allow

Addiction Services of Thames Valley

AND

____

Please Print Name of Referral Agency and/or Individual Contact Name

Contact Phone Number:____

to share any relevant information for the purpose of service coordination, treatment and follow-up.

I understand that this consent is valid for one year from date of signature and that I may cancel this consent at any time.

_____________________________________ _____________________________________

Signature Date

_____________________________________ _____________________________________

Witness Date

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