



Substance Abuse Treatment Program Referral Form



Please email the completed form to:

TREEhouser referral@chris180.org

Or call 404.613.1658

Location (circle best option)

North Fulton Service Center

7741 Roswell Road, Suite 101, Atlanta, 30350

Fulton County Juvenile Court

395 Pryor Street SW, Atlanta, GA 30312

Referral Source

Contact Name: _____ Relationship to Consumer: _____

Organization (DFCS, School Name, Physician's Office): _____

Telephone #: _____ Email: _____

Consumers Name: _____

DOB: _____ Gender: _____ Race/Ethnicity: _____

Address: _____

Telephone #: _____ Email: _____

School & Grade: _____

Parent/Guardian Name(s): _____

Telephone #: _____ Email: _____

Reason for Referral: _____

Involvement with other agencies: _____

Current Medical Problems: _____

INTERNAL USE ONLY:

Assessment scheduled with: _____

Date/Time of assessment: _____

Scheduled by: _____ Reminder Call: Date/Time: _____