



A Tradition of Stewardship
A Commitment to Servi

NAPA COUNTY HEALTH & HUMAN SERVICES AGENCY ALCOHOL AND DRUG SERVICES DIVISION (ADS)

2344 Old Sonoma Road
Building C
Napa, CA 94559
Phone: 707-253-4063
Fax: 707-259-8716

REFERRAL FORM

Instructions: Referring Agency or Staff, please complete this form and fax (707)259-8716 or drop it off at the ADS Access Program, 2344 Old Sonoma Road, Napa, Ca 945559, Building C; Attention: Jeanne Ruth, Program Supervisor. Please refer the client to the Access Program or ask that him/her to call our Centralized Access Line (707) 253-4063 to schedule an appointment.

IDENTIFYING INFORMATION:

REFERRED BY: _____ DATE REFERRED _____ PHONE: _____
LAST NAME FIRST NAME

PERSON BEING REFERRED: _____ DOB: _____
LAST NAME FIRST NAME

ADDRESS: _____ GENDER: Male Female

PHONE: _____ PRIMARY LANGUAGE English Spanish Other/ASSISTIVE DEVICES _____

PAYOR: Drug Medical Medi-Cal Insurance Self Pay Other _____

PRIMARY CARE PHYSICIAN (PCP) _____ NPI# _____ PHONE: _____
LAST NAME FIRST NAME

REFERRING AGENCY/DEPARTMENT:

- | | | |
|--|--|--|
| <input type="checkbox"/> HHSA | <input type="checkbox"/> CRIMINAL JUSTICE/LAW ENFORCEMENT | <input type="checkbox"/> OTHER AGENCIES |
| <input type="checkbox"/> Child Welfare Services | <input type="checkbox"/> Probation <input type="checkbox"/> CCSC/BI LSCMI# _____ | <input type="checkbox"/> Partnership Health Plan |
| <input type="checkbox"/> Comprehensive Services for Older Adults | <input type="checkbox"/> AB109 | <input type="checkbox"/> Path2Health/CMSP |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Courts | <input type="checkbox"/> Clinic Ole |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Police Department | <input type="checkbox"/> Queen of the Valley |
| <input type="checkbox"/> Self-Sufficiency (Cal WORKS) | <input type="checkbox"/> Public Defender | <input type="checkbox"/> NEWS |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> District Attorney | <input type="checkbox"/> HOPE |
| | <input type="checkbox"/> Sheriff Department | <input type="checkbox"/> Puertas Abiertas |
| | <input type="checkbox"/> Corrections | <input type="checkbox"/> Shelter |
| | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> McAlister |
| | | <input type="checkbox"/> Other: _____ |

REASON FOR REFERRAL:

- | | | | | |
|---|--|------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Information/Referral | <input type="checkbox"/> Screening | <input type="checkbox"/> Crisis | <input type="checkbox"/> Assessment | <input type="checkbox"/> Treatment |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Case Management | <input type="checkbox"/> Aftercare | <input type="checkbox"/> Other _____ | |

AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION ATTACHED YES NO

SECTION TO BE COMPLETED BY ALCOHOL AND DRUG SERVICES STAFF ONLY

DISPOSITION OF REFERRAL:

- Assessment Completed
- Placed in Treatment Level based on Assessment: Detoxification Residential Day Treatment
- Intensive Outpatient Outpatient Other Services _____
- Referred to: AA NA Alanon Contractor _____ Other Agency _____
- Other _____
- Informed Referring Agency of Disposition Staff Contacted: _____ Date: _____

ADS Staff Name: _____ / _____ Date: _____

(Person completing this section/disposition of referral) LAST NAME FIRST NAME/JOB TITLE

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