

**Serenity Treatment Center, Inc.
Referral Form – Frederick County**

Please be advised, children are not permitted inside the facility

Referred By: _____ Phone Number: _____

Email: _____ Preferred Method of Contact: _____

Do you currently have a Release of Information already signed? Yes _____ or No _____

Client Name: _____ Date of referral: _____

Address _____ Phone Number: _____

City _____ State _____ Zip _____ DOB _____

Reason for referral:

- Assessment with treatment recommendations

What substance/substances is the client struggling with: _____

Will client call and schedule self for appointment? Yes _____ or No _____

Does client have insurance? Yes _____ or No _____

If yes, name of insurance company: _____

If client has medical assistance, please provide MA # or SSN: _____

Additional comments:

Instructions:

Please call our office at (301) 898-2627 if you need to make appointment. When you come, please bring a form of ID and your insurance card, if you have insurance.

**Serenity Treatment Center
420 East Patrick Street
Suite 100
Frederick, MD 21701
P (301) 898-2627
F (301) 898-2640**