



Recovery Coaching and Recovery Housing- Referral Form

Customer Name:	Last 4 of SSN:
Phone Number:	DOB:
Address:	

Primary Clinician:	
Clinician Contact Information:	
Primary SUD Diagnosis:	Diagnosis Code:

Treatment Recommendations:
Outpatient SUD Provider Discharge Plan
Outpatient SUD Provider: Name of Clinician: Intake Appointment Date and Time:
Other Information:

Please Fax Referral Form, Release of Information and Treatment Plan
to Brandi Clanton, Director at **(269) 397-2261** or
please call (269) 364-0663 if you have any questions or need any assistance!

We appreciate the Referral for Recovery Services Unlimited- Recovery Services!!!