

# Active Recovery

Change Your Thinking, Change Your LIFE...

**[www.ActiveRecoveryLA.org](http://www.ActiveRecoveryLA.org)**

Date: \_\_\_\_\_  
Client: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone #: \_\_\_\_\_

## Location Preference:

- ☐ Shreveport **318-946-8157**  
3821 Southern Ave. 71106
- ☐ Bossier **318-584-7133**  
1505 Doctors Dr. 71111
- ☐ Minden **318-377-1072**  
421 Meadowview Dr. 71055

Reason for referral (Please include current charges if any, relevant history, drug and alcohol history, and which program you suggest they enroll) this information is vital to determine which program/length of stay:

- ☐ Substance Abuse Assessment ONLY: Follow all Clinical Recommendations ☐ Yes ☐ Not at this time
- ☐ IOP **Substance Abuse** 3 days per week MWF all locations
- ☐ **The Retreat for Women** Residential 28 day program
- ☐ **Nurturing Parenting** focus: 1 day/week for 10 weeks, (if added to IOP 1 day/week for 8 weeks) *Thursdays*
- ☐ **Anger Management** focus: 1 day/week for 10 weeks (if added to IOP 1 day/week for 8 weeks) *Tuesdays*
- ☐ **Batterer's Intervention Program (BIP)** for men/women (separate locations): *Tuesdays at 5 pm, 26 weeks, \$25/session if no Substance Use Disorder. **Must be Domestic Violence perpetrator.** Medicaid will pay **if** they have a Substance Use Disorder.*

## Referring Agency Information:

Name & Agency: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

***Please fax or email form to:***

Shreveport Fax: **318-216-5868**  
[Shreveport@ActiveRecoveryLA.org](mailto:Shreveport@ActiveRecoveryLA.org)

Bossier Fax: **318-584-7135**  
[Bossier@ActiveRecoveryLA.org](mailto:Bossier@ActiveRecoveryLA.org)

Minden Fax: **318-377-9283**  
[Minden@ActiveRecoveryLA.org](mailto:Minden@ActiveRecoveryLA.org)

The Retreat for Women  
120 Blue Pond Rd, Ringgold LA 71068  
(318) 781-2141 FAX (318) 781-2157  
[RETREAT@activerecoveryla.org](mailto:RETREAT@activerecoveryla.org)