

Active Recovery

Change Your Thinking, Change Your LIFE...

www.ActiveRecoveryLA.org

Date: _____
Client: _____
DOB: _____
SSN: _____
Insurance: _____
Email: _____
Phone #: _____

Location Preference:

<input type="checkbox"/> Shreveport	318-946-8157
3821 Southern Ave. 71106	
<input type="checkbox"/> Bossier	318-584-7133
1505 Doctors Dr. 71111	
<input type="checkbox"/> 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

Bossier **Fax: 318-584-7135**

Bossier@ActiveRecoveryLA.org

Minden **Fax: 318-377-9283**

Minden@ActiveRecoveryLA.org

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