



# REFERRAL FORM

You have had a contact by someone in your community for a suspected overdose, a drug-related health issue or have disclosed a substance abuse addiction to the staff. Would you like your name referred to the **Recovery Engagement Team** for more information on treatment options?

The **Recovery Engagement Team** is an integrated community group comprised of a law enforcement officer, a public health nurse, a Substance Use Disorder (SUD) professional, and a peer recovery supporter. Once the team receives this referral, they will make a visit with you to discuss service options with you. They will help connect you to the services that you feel will be the best choice for you.

**\*\*PLEASE NOTE:** Your medical records will remain confidential and privacy will be protected. The **ONLY** information that will be disclosed is the information on this form.

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Date \_\_\_\_\_ Referred By: \_\_\_\_\_

Name of Person Being Referred: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Drug(s) of Choice: \_\_\_\_\_

Brief Summary/History of Person Being Referred:  
\_\_\_\_\_  
\_\_\_\_\_

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**Signature**

**Name (Printed) and Date**

\_\_\_\_\_ **YES, I agree to be contacted by the RET Team.**

\_\_\_\_\_ **NO, I decline the offer for treatment options at this time.**

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**Witness and Date**

Please fax form to 740-374-6927 OR scan email to [matthew.martin@wco84.us](mailto:matthew.martin@wco84.us) or [info@wcbhb.org](mailto:info@wcbhb.org)