



**FORA HEALTH**  
**WITHDRAWAL MANAGEMENT REFERRAL FORM**  
*(Please note that completion of the referral does not guarantee admission)*

- ▶ Please fax completed form to: (503) 200-1331 Attn: Mengdan Kim; then call and let us know you've sent a referral: (503) 535-1178
- ▶ Please attach a current medication list

Referring Agency: _____
Contact and phone number/email: _____
Patient's name: _____ DoB: _____
Phone number: _____
Insurance Provider: _____
SSN: _____
Substance(s) patient is withdrawing from: _____
Patient's Medical/Mental Health Providers (if known) and contacts:
Other medical/mental health diagnoses:

<b>What are the patient's plans for after Withdrawal Management?</b> <i>(Please note that admission to Fora Health Withdrawal Management does not guarantee direct transition into Residential Treatment)</i>
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**Patients must be able to perform activities of daily living independently. Current exclusion criteria:**

- Home oxygen