

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: Jon Boisvert; 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:
Allergies:

What are the patient's plans for after Withdrawal Management? <i>(Please note that admission to Fora Health Withdrawal Management does not guarantee direct transition into Residential Treatment)</i>

Patients must be able to perform activities of daily living independently. Current exclusion criteria:

- Home oxygen