

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

- Please send completed referral form via fax to (503) 200-1331, attn: Withdrawal Management, or via secure email to [kindness@forahealth.org](mailto:kindness@forahealth.org). Then call us at (503) 535-1178 to confirm it was received.
- Please attach a current medication list, including methadone dosing information, if applicable.

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?** *(Please note that admission to Fora Health Withdrawal Management does not guarantee direct transition into Residential Treatment)*

**Please confirm the following before submitting:**

- ☐ Patient is able to complete activities of daily living independently
- ☐ Patient is not on home oxygen or a feeding tube
- ☐ A current medication list is attached, OR check here ☐ if patient has no current active medications