1795 Alysheba Way, Suite 1001 Lexington, KY 40509
250 Foxglove Dr, Suite 1 Mt Sterling, KY 40353
Phone 859.687.0416 Fax 859.353.4200 email: info@essentialhealingiop.com

REFERRAL FORM

Date: _____

Patient Name: _____ DOB: _____

Patient Address: _____City_____Zip_____

Phone: _____ Emergency Phone: _____

This patient is being referred for the following services:

- ☐ Substance Use/Abuse Assessment
- ☐ Mental Health Assessment
- ☐ Sex Offender Assessment
- ☐ Domestic Violence Assessment

- ☐ Individual Counseling/Therapy
- ☐ Group Counseling
- ☐ Case Management/Wrap Around Services

- ☐ Medication Assisted Treatment (MAT) for Opioid Dependence
- ☐ Medical Detox (Opioids Only)
- ☐ Residential/Inpatient Services (women and pregnant patients currently accepted)
- ☐ Community Referral/ Continuation of Care

Referring Provider Name:_____

Address: _____Phone: _____

Referring Provider Signature: _____

Provider Notes:

_____

_____

_____

For Office Use: A1: _____ NVM/LM A2: _____ NVM/LM A3: _____ NVM/LM

NRC UTR O:_____

Thank you for your continued support and dedication.