

New Horizon Living Centers

43 Prospect Street, Bristol CT 06010
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<http://www.newhorizonlivingcenters.org>

Referral Form

Email or Fax Form To info@newhorizonlivingcenters.org or 860-582-8609

Date: _____ Referral Source: _____

Client Name: _____ Gender: _____ DOB/Age _____

Phone: _____ Email: _____

Requested Services: Please Circle

Outpt Counseling Sober House Recovery Program Organized & Clean Living

Insurance Name/Number: _____

Mental Health History:

Substance Use History:

Drug of choice: _____ Last use: _____

Additional Pertinent Details: