



## Referred Client Information from Professional Referral Sources

Referral source (your name and program): \_\_\_\_\_

Contact information (your address, phone, fax): \_\_\_\_\_

Client's name \_\_\_\_\_

Please provide the information requested below when referring a client to Father Martin's Ashley.

1. The dates the client was enrolled in your program: \_\_\_\_\_

\_\_\_\_\_

2. The dates the client actually attended your program: \_\_\_\_\_

\_\_\_\_\_

3. Length of sessions (i.e., one hour, three hour group, etc.) \_\_\_\_\_

\_\_\_\_\_

4. Urinalysis date(s) and result(s): \_\_\_\_\_

\_\_\_\_\_

5. Reason for the referral to a higher level of care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Note:** One of the criteria most managed care companies require for approval of inpatient services is a recent "failed" lower level of care. Many times the client cannot recall the exact dates and times they were involved in an outpatient program. The managed care precertification process occurs at the time of admission. The above information should be faxed to the Admissions Office at 410.272.1698. Our office is available 24 hours a day at 1.800.799.4673, extension 213. Thank you for your referrals and continued support.