



# Substance Abuse Treatment Program Referral Form



CHRIS Counseling Center – Dekalb  
3103 Clairmont Road NE, Suite B  
Atlanta, GA 30329  
404-636-1457

Please email the completed form to:  
TREE House Staff – [TREEHouserereferral@chris180.org](mailto:TREEHouserereferral@chris180.org)

**Referral Source**

Contact Name: \_\_\_\_\_ Relationship to Consumer: \_\_\_\_\_

Organization (DFCS, School Name, Physician’s Office): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Consumers Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

School & Grade: \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Involvement with other agencies: \_\_\_\_\_

Current Medical Problems: \_\_\_\_\_

**INTERNAL USE ONLY:**

Assessment scheduled with: \_\_\_\_\_

Date/Time of assessment: \_\_\_\_\_

Scheduled by: \_\_\_\_\_ Reminder Call: Date/Time: \_\_\_\_\_