

Referral Form for Outpatient Programs

Date: _____

Client's Name: _____ Age: _____

Parent Name(s): _____

Address: _____

Home Phone: _____ Other Phone: _____

Funding Sources (leave blank if not known): _____

1) How did you hear about us?

2) What brings you to call?

3) Are you currently using alcohol or drugs?

Which drugs?

How much, how often?

4) Are you suicidal?

5) Do you currently have any physical concerns?

Questions? Call Anthony Muller at (616) 831-5655

To make a referral, complete this form and mail or fax to:

Anthony Muller

Wedgwood Christian Services

3300 36th Street SE

Grand Rapids MI 49512-2810

Fax: (616) 942-9548 Phone: (616) 831-5655