

Specialized Outpatient Services Substance Abuse Services Referral Form

Client Name: _____ Phone #: _____ Case Numbers: C _____ - _____
Date of Sentence: _____ (if applicable) C _____ - _____
Date of Birth: _____ (DHS Only) KK _____

Referral Source Information: (Please write name of person who needs progress reports, incident reports, UA results, etc.)

Referral Name: _____ Work Number: _____ Fax Number: _____

Recommended Services:

- DUI Assessment-** **English** or **Spanish.** Consists of one 2 ½-hr. session.
- Substance Abuse Evaluation-** **English** or **Spanish.** Consists of one 2 ½-hr. session.
- 10 Hour ADSAC (DUI) School-** **English** or **Spanish.** Consists of three 3 ½-hr. sessions.
- 24 Hour ADSAC (DUI) School-** **English** or **Spanish.** Consists of twelve 2-hr. sessions.
- Victims Impact Panel.** Consists of one 2-hr. session, facilitated by (MADD) Mothers Against Drunk Driving
- DUI Outpatient Programs-** **English** or **Spanish** 6-week program
 12-week program
 20-week program.

- (Relapse Prevention/Aftercare Programs)** 6-week program
 12-week program
 20-week program.

(Impulse Control/Criminal Thinking) Coping Skills Program
12-24 week program for adolescents and adults designed to challenge and correct irresponsible and criminal thinking and behavior, 1 ½ hours per week

Anger Management/Coping Skills Program
12-week program for adolescents and adults, 1 ½ hours per week.

Early Intervention Programs - **English** or **Spanish**
6-week substance abuse education program for adults and 12-week substance abuse education program for adolescents. Random drug testing provided

Extended Outpatient Programs - **English** or **Spanish**
12-24 week program (2-8 hours per week) for adults and adolescents. Random Drug Testing, individual, group, and self-help meeting attendance is required.

Intensive Outpatient Programs - **English**
6 week program (9-hours per week) for adults. 6 week program (6-hours per week) for adolescents. Individual, group, and self-help meeting attendance is required. Random drug testing provided

Level Of Identified Risk: (Level checked indicates the risk of relapse/continued use or other behavioral/family problems)

- Low Risk-** (Risk is minimal) Early Intervention referral is indicated
- Medium Risk-** (Risk is moderate) Extended Outpatient referral with additional family services is indicated
- High Risk-** (Risk is extreme) Intensive Outpatient referral with additional family services is indicated

Case history, evaluation results, or comments supporting assigned level of risk: _____

Referral Source Signature: _____ Date: _____

One you have completed this form please fax to 405-810-0331, your client may then come in M-F (9-6pm)