

# REFERRAL TO COMMUNITY RESOURCES

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient ID #: \_\_\_\_\_

Thank you for completing the Referral Assessment. One of our counselors has reviewed your answers and would like to suggest some outside community resources.

Describe how you feel about asking for help.

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Which best describes your ability to ask for help?

I am comfortable asking     I only ask if desperate     I never ask

Attending outside community referrals may interrupt your schedule, but are a necessary part of your treatment.

Which days are best for you to attend outside appointments?

Mon            Tue            Wed            Thurs            Fri            Sat            Sun

What time of the day is best for you to attend outside appointments?

Morning            Midday            Afternoon            Evening

What may be your greatest obstacle to attending an outside referral?

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How can you solve this problem so that you can follow through with the referral?

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# REFERRAL TO COMMUNITY RESOURCES

Please review the attached referrals and answer these questions.

**Referral #1** \_\_\_\_\_

Have you used this resource in the past?      Yes    No

Describe how you found it to be helpful:

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How can you use this referral to stop using alcohol or drugs now?

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**Referral #2** \_\_\_\_\_

Have you used this resource in the past?      Yes    No

Describe how you found it to be helpful:

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How can you use this referral to stop using alcohol or drugs now?

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**Referral #3** \_\_\_\_\_

Have you used this resource in the past?      Yes    No

Describe how you found it to be helpful:

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How can you use this referral to stop using alcohol or drugs now?

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