



Probation & Parole Referral Form

Email referral form to Master Center's Intake Coordinators intakereferrals@mastercenter.com

Fax referral form to Master Center's Intake Coordinators @ 804-726-1528

An Intake Coordinator can be reached directly @ 804-323-7029

PATIENT INFORMATION

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ Cell Phone: _____
City State Zip Code

Email: _____

Primary Insurance: _____ Policy #: _____

Primary/Secondary Drugs of Choice: _____

Previous Treatment/History: _____

REASON FOR REFERRAL

Client should notify the Master Center Intake Coordinator that they are referred by Probation & Parole during their call.

- Multi-Disciplinary Evaluation (Addiction Medicine, Mental Health, Psychiatry: \$1,500 Fee)
- Substance Abuse & Mental Health Evaluation (\$500 Fee)
- Substance Abuse Assessment (Cost varies by insurance coverage)
- Addiction Medicine Consultation

Please specify needs, if applicable: _____

Interest in Medication Assisted Treatment: YES NO

- Addiction Psychiatry
- Intensive Outpatient Program (IOP)

Client has been assigned a Probation Officer or Pre-Trial Officer Yes No

Has a Release of Information been sent to Master Center? Yes No

Ongoing Treatment Updates/Reports requested: Yes No

ADDITIONAL INFORMATION

Probation/Pre-Trial Officer Name: _____

Contact Phone #: _____

Fax #: _____