

Substance Use Disorder – Referral Form

Reach an Intake Coordinator directly @ 804-323-7029
Email referral form to intakereferrals@mastercenter.com
Fax referral form to 804-726-1528



Full Name: _____ **Date of Birth:** _____
Last First Middle Initial

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ **Email:** _____

Insurance, if applicable: _____

REFERRAL INFORMATION

Referral Contact Information (name/phone number): _____

Reason for referral: Detox MAT Program Addiction Consultation Addiction Psychiatry
 IOP Other: _____

Additional Notes for Master Center: _____

ADDITIONAL INFORMATION

Primary/Secondary Drug of Choice: _____

Last day/time of use: _____

Current medications: _____

Allergies: _____
