Lindner Center of HOPE | UC Health

EXTERNAL ADDICTIONS IOP REFERRAL FORM

Fax: (513) 536-0619

for more information contact (513) 536-4673

Date of Referral:			
Patient Name:		Patient Phone Number:	
Referring Practitioner:		Referrer Phone Number:	
Reason for Referral:			
Payer Source:			

Benefits have been checked for Addictions IOP?	Yes ☐	No ☐	Unknown ☐
Assessment for Addictions IOP needed?	Yes ☐	No ☐	Unknown ☐
Is patient in need of detoxification?	Yes ☐	No ☐	Unknown ☐
Is patient able to participate in a group format?	Yes ☐	No ☐	Unknown ☐
Is patient clinically appropriate?	Yes ☐	No ☐	Unknown ☐

Diagnosis (axis I and II):		Date of Diagnosis	

Substance History	Amounts	Frequency	Last Use
Alcohol			
Marijuana			
Opiates			
Benzodiazepines			
Stimulants			
Other (specify):			