



Recovery Revolution

steps for healthy living

Drug and Alcohol Assessment Referral Form

Please fax to Recovery Revolution at 610-599-7714 with insurance information. We do not need proof of insurance if the student has medical assistance.

Check One:

_____ Parent Notified _____ Student does not want Parent Notified

Date of Referral: _____

Student Name: _____

Date of Birth: _____

School: _____

Social Security Number: _____

Insurance Information: MA # _____ Issue # _____

Private Insurance Information:

Name of Company: _____

Group/ID Number: _____

Plan Number: _____

Customer Service Telephone Number: _____

(Copy of insurance cards- front and back- should be attached)

Parent or Guardian Name: _____

Address: _____

Telephone Number: _____

Reason for Referral:

Staff Signature: _____

Date: _____