

ROAD TO RECOVERY

Behavioral Health Services

www.rdtorecovery.com

BEHAVIORAL HEALTH SERVICES REFERRAL FORM

REFERRING AGENCY: _____ DATE: _____

REFERRAL SOURCE NAME: _____ Phone Number _____

RESPONSIBLE FOR PAYMENT: CLIENT DFCS CLAYTON CO. OTHER _____

Client Name: _____ Cell Phone: _____

Date of Birth: _____ Email: _____

You are being referred to a professional psychological practice. Road to Recovery is a linguistically and culturally competent practice in **English and Spanish**. Road to Recovery is registered with the Department of Behavioral Health and Developmental Disabilities, Department of Driver Services and the Georgia Commission on Family Violence to provide behavioral health and substance abuse services. You may contact the clinic closest to you:

<p>DeKalb County 3155 Presidential Dr. Suite 104 Atlanta, GA 30340 Office: 770-220-2885</p>
<p>Fulton County - North 8735 Dunwoody Place, Suite 100 Sandy Springs GA 30350 / Office: 770-640-7778</p>
<p>Cobb County 2255 Sewell Mill Rd. Suite 120, Marietta, GA 30062 Office: 770-437-0050</p>

<p>Clayton County 4561 Jonesboro Road Forest Park, GA 30297 Office: 404-361-5009</p>
<p>Fulton County - South East Point, Georgia Coming Soon</p>
<p>Hall County 840 Main Street Gainesville, GA 30501 Office: 770-534-2664</p>

Please, contact them as soon as possible to schedule an appointment for:

- | | |
|---|--|
| <input type="checkbox"/> DUI Offender Clinical Evaluation | <input type="checkbox"/> Family Violence Intervention Program |
| <input type="checkbox"/> Substance Abuse Outpatient Treatment | <input type="checkbox"/> Anger Management Program |
| <input type="checkbox"/> Risk Reduction Program (DUI School) | <input type="checkbox"/> Values/Theft/Shoplifters Program |
| <input type="checkbox"/> Victim Impact Panel (VIP) | <input type="checkbox"/> Parenting Skills Program |
| <input type="checkbox"/> Defensive Driving Classes (DDC) | <input type="checkbox"/> Individual/Family Counseling |
| <input type="checkbox"/> Substance Abuse Evaluation (non-DUI) | <input type="checkbox"/> Mental Health/Psychosocial Evaluation |
| <input type="checkbox"/> Alcohol/Drug Random Screenings | <input type="checkbox"/> Immigration Clinical Evaluation |

Reason for Referral: _____

To contact us after hours, please call 770-220-2885 / E-Fax 678-990-1496 / email contact@rdtorecovery.com. For additional information about our programs, services and locations visit our website at **www.rdtorecovery.com**