THRESHOLDS
SUBSTANCE USE TREATMENT

773-432-6466
www.thresholds.org/substance-use

Internal Referral Form

Date: _____

Please fill in referral information below, and fax to Rosa Villanueva at (773) 432-6551 .

☐ **West**
3015 W Harrison St
Chicago, IL 60612

Member Information:

Name:	**Preferred Name (with title, if appropriate):**
Smart Care #:	**Date of Birth:**
Phone #:	**Diagnosis (if available):**
Specialized Intake Needs (if applicable):	**Reason(s) for referral:**
Additional Comments:	

Staff & Program Information:

Name:	**Position/Program:**
Phone #:	**Email:**
Team Leader:	**Program Director:**