



Medically-Managed Withdrawal Facility (Detox)  
12122 SE Foster Road Portland, OR 97266  
Phone: 971.353.6918 or 503.906.9995  
Fax: 503.360.9001

**STEP 1: Community Partner Information**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

RWNW ROI Attached?      Yes      No

**STEP 2: Client Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Gender Identity: \_\_\_\_\_

Insurance: \_\_\_\_\_

Insurance ID (if known): \_\_\_\_\_

Pregnant?      Yes      No      Unknown      N/A

Substances Used (list all):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Info (mental health, acute/chronic medical conditions, special needs, aftercare requests etc):

\_\_\_\_\_  
\_\_\_\_\_

**STEP 3:** Fax this completed form (with RWNW ROI if you have it) to 503.360.9001

**STEP 4:** We must talk with the client directly. The best way for this to happen is to have the client call us!  
This referral form will prioritize the client's appointment.

**STEP 5:** Sit back. We will take it from here. We value our Community Partners and we deeply appreciate all you do.  
Thank you for the referral!