

MARTINSVILLE

705A Starling Avenue
Martinsville, VA 24112
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**Community
Recovery Program**

Recovery is not only possible, it is expected.

FRANKLIN COUNTY

Horizons
391 Eastover Road
Rocky Mount, VA 24151
BY APPOINTMENT ONLY
(Please call our Martinsville office.)

REFERRAL SHEET

ALL referrals are scheduled through the Martinsville office.

Date: _____ DOB: _____ Age: _____

Name: _____ SSN: _____

Mailing Address: _____
Street City State Zip

Gender: _____ Race: _____ Marital Status: Single Married Separated Divorced Widowed

Home Ph: _____ Cell Ph: _____ Alt Ph: _____

Most recent treatment program: (including Detention or Diversion Center Program)

Name: _____ Location: _____

Did the person complete this program? YES NO

Is the person a recovering addict? YES NO Is the person presently abstinent from all drugs, including alcohol? YES NO

How long has the person been abstinent? _____

Date of last drug screen: _____ Results: _____

Is the person participating in a self-help program? YES NO

If yes, circle all that apply: AA NA Christian Recovery Other: _____

Is the person currently incarcerated? YES NO If yes, what is the expected release date? _____

Is the person employed? YES NO If yes, name of employer: _____

Please circle: Full-time Part-time "under-the-table" Temporary

Is the person a student? YES NO If yes, where? _____

Does the person have a High School Diploma or GED? YES NO

Is the person a veteran? YES NO Branch (if applicable): _____

Referral Source Information:

Name & Agency: _____

Ph: _____ Fax: _____

Email: _____

NOTES: _____