| Phoenix Center | | |
|--|---|--|
| Prevent • Treat • Recover | | |
| Adolescent Referral Form | | |
| Date of Referral: | Referral Forms can be emailed to: <u>adol</u> | escentreferrals@phoenixcenter.org |
| | SS#: | |
| | Parent Phone: | |
| | Referring Agent/Phone: | |
| | | |
| | e(s): | |
| Court Ordered: No | | f Birth: |
| | boxes for recommended services: | |
| AOD Assessment | | ger Management BRIDGE .ctive Substance Use) |
| - | assessment with The Phoenix Center. Assessments his form to The Phoenix Center staff upon arrival. 1400 Cleveland Street, Greenville, SC 29607 | |
| | schedule your appointment on or before: | |
| Please bring the following to | | |
| Photo Identification (speak with counselor | school ID, driver's license, state ID, photo ID bank o MUST accompany client to this initial appointmer | nt to complete paperwork and |
| Complete section below for D | Orug Screen ONLY: | |
| 6-panel Instant Drug | Screen (METH/THC/AMP/COC/OPI/PCP) | Fee: \$20 |
| 8-panel Lab Drug Scre | een (ALC/AMP/BAR/BZO/COC/OPI/PCP/THC) | Fee: \$35 |
| You must appear for your dru | ug test on: | |
| 2. If client is under the a | school ID, driver's license, state ID, photo ID bank o ge of 16, a parent/legal guardian must accompany rred for a drug screen only, payment for the drug | client. |
| Address: Drug Screen Hours: | 1400 Cleveland Street, Greenville, SC 29607 Monday thru Thursday 8:30 – 6:00PM and Frid Closed for lunch from 11:00 – 12:00PM | ay 8:30 – 1PM |
| | will be handled in a confidential manner. I agree to ne of testing for the test results to be released and | - |

ADOL 014 - th 4/11/23