



Phoenix Center

Prevent • Treat • Recover

Adolescent Referral Form

Date of Referral: _____

Referral Forms can be emailed to: CChandler@phoenixcenter.org

Client Name: _____ SS#: _____

Parent/Guardian Name: _____ Parent Phone: _____

Referring Agency: _____ Referring Agent/Phone: _____

Reason for Referral: _____

Please check the appropriate boxes for recommended services:

AOD Assessment

Behavioral/Mental Health Assessment

Anger Management

Drug Screen

You are being referred for an assessment with The Phoenix Center. Assessments are offered Monday through Friday. **Please call to schedule your appointment at (864) 467-3939.** You must present this form to The Phoenix Center staff upon arrival. You must be on time for your appointment.

Please call (864) 419-2964 to schedule your appointment on or before: _____

Please bring the following to your appointment:

1. Photo Identification (school ID, drivers license, state ID, photo ID bank card, etc. will be accepted).
2. Parent/legal guardian MUST accompany client to this initial appointment to complete paperwork and speak with counselor about client services.
3. Please bring your Medicaid and/or Insurance card(s) and your Social Security Card to this initial appointment.

6-panel Instant Drug Screen (METH/THC/AMP/COC/OPI/PCP)

Fee: \$20

8-panel Lab Drug Screen (ALC/AMP/BAR/BZO/COC/OPI/PCP/THC)

Fee: \$35

You must appear for your drug test on: _____

Please bring the following to your appointment:

1. Photo Identification (school ID, driver's license, state ID, photo ID bank card, etc. will be accepted).
2. If client is under the age of 16, a parent/legal guardian must accompany client.
3. **If you are being referred for a drug screen only, payment for the drug screen must be made before screen is completed.**

Drug Screen Hours

Monday thru Thursday 8:30 – 6:00PM and Friday 8:30 – 5PM

Address:

1400 Cleveland Street, Greenville, SC 29607

I understand that test results will be handled in a confidential manner. I agree for the test results to be released and forwarded to the referring agency.

Client Signature

Date

Parent Signature (If under age 16)

Date