Phoenix Center
Prevent • Treat • Recover

Adolescent Referral Form

Date of Referral:_____ **Referral Forms can be emailed to: ShaAdams@phoenixcenter.org**

Client Name:_____ SS#: _____

Parent/Guardian Name:_____ Parent Phone: _____

Referring Agency:_____ Referring Agent/Phone: _____

Reason for Referral: _____

Please list any pending charge(s): _____

Court Ordered: ☐ No ☐ Yes (attach copy of court order) Date of Birth: _____

Please check the appropriate boxes for recommended services:

☐ **AOD Assessment** ☐ **Behavioral/Mental Health Assessment** ☐ **Anger Management** ☐ **BRIDGE**

You are being referred for an assessment with The Phoenix Center. Assessments are offered Monday through Friday at our **White Horse Academy** location. You must present this form to The Phoenix Center staff upon arrival. You must be on time for your appointment.

Address: **975 Foot Hills Road, Greenville, SC 29617**

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

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. 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.

Complete section below for Drug Screen ONLY:

☐ **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.**

Address: **1400 Cleveland Street, Greenville, SC 29607**
Drug Screen Hours: **Monday thru Thursday 8:30 – 6:00PM and Friday 8:30 – 1PM**

I understand that test results will be handled in a confidential manner. I agree to sign a release of confidential information at time of testing for the test results to be released and forwarded to the referring agency.

PO Box 1948 ▪ Greenville, SC 29602 ▪ 864.467.3790 ▪ phoenixcenter.org
The Greenville County Commission on Alcohol and Drug Abuse