



2413 2nd Street
Eureka CA 95501
707-269-9590
fax 707-444-8012

Referral Form

Prospective Patient/Client

Name _____ DOB _____

Phone # () _____ Address _____

City* _____

Referral Source/Agency

Agency Name _____

Referring Person Name (Print) _____

Referring Person Phone () _____

Check List*

_____ Send all medical/mental health records to Waterfront Recovery Services for review.

_____ Inform the patient/client about the nature of medical model-based treatment including the potential need to take medications.

_____ Inform WRS of the case manager name _____ and phone number () _____ if different from the referring person.

_____ Establish an agreed-upon continuum of care plan for the patient/client after discharge back to county of origin.

***Required**

Please return completed document to Waterfront Recovery Services with "ATTN: Dr. Ruby Bayan" via mail, fax or as an email attachment to wrs.admission@gmail.com

WaterfrontRecovery.org