



Recovery Center Referral Form

I am referring (check one): myself someone else

Information About Person Being Referred

Preferred Name: _____

Pronouns: _____ Contact Phone Number: _____

Email Address: _____

Information About Person Making Referral (does not need to be completed for a self-referral)

Preferred Name: _____

Pronouns: _____ Contact Phone Number: _____

Email Address: _____

Agency: _____

Relationship to Person Being Referred: _____

Please email completed form to the Recovery Center Director, Katelin Arnold, at
karnold@helio.health.

OFFICE USE ONLY

Date Referral Received: _____ Staff Member Received By: _____

Date Tour Completed: _____ Date Intake Scheduled For: _____

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