Helio Health®

Where hope meets healing

Recovery Center Referral Form

I am referring (check one): ☐ **Myself** ☐ **Someone else**

Information About Person Being Referred

Preferred Name:_____ Pronouns:_____

Contact Phone Number:_____

**Can We Leave a Voicemail at This Number? ☐ Yes ☐ No

Contact Email Address: _____

Information About Person Making Referral

Preferred Name:_____ Pronouns:_____

Contact Phone Number:_____

Contact Email Address: _____

Agency_____

Relationship to Person Being Referred: _____

Please Email Completed Form to Recovery Center Director Katelin Arnold at karnold@helio.health

OFFICE USE ONLY	
Date Referral Received:_____	Staff Memeber Received By:_____
Date Tour Completed:_____	Date Intake Scheduled For:_____

The Recovery Center
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