HAPPY TRAILS ADDICTION TREATMENT PROGRAM

2045 RECOVERY LANE

JOYOUS, CA 12345

**Referral for Physical Examination**

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| Referral Date: | Release of Information Date: |
|  |
| **Client/Patient Name:** |
| Client/Patient Date of Birth: |
|  |
| **Referral to:** (Name of Physician or Clinic)  |
| Address: | City: |
| Phone: | Fax: |
|  |
| **Referral Service Requested:** | PHYSICAL EXAMINIATION |
| Reason for Referral: X Admission to Treatment |
| **Attachments:** |
|  □ Authorization for Exchange of Confidential Information |
|  □ Self-Reported Health Questionnaire |
|  □ History and Physical Form (to be filled out and returned) |
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| *Happy Trails Addiction Treatment Program is referring this client/patient to you for a physical examination, as new state laws require a physical exam for admission to substance use disorder treatment.* **Authorization for Exchange of Confidential Information is attached.** |
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| **Please forward the physical examination results to:** |
| HAPPY TRAILS ADDICTION TREATMENT PROGRAM2045 RECOVERY LANE Ph: 510-000-0000JOYOUS, CA 12345 Fx: 510-000-0000 |
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| ***Code of Federal Regulations Title 42 Part 2 (C.F.R. Part 2):*** *This information has been disclosed to you from the records that are confidential and protected by Federal Law. Federal regulations, C.F.R. Part 2, prohibit you from making any further disclosures of the records or information without specific written consent of the person to whom it pertains. A general authorization for the release of information is not sufficient for this purpose.* |