



REFERRAL FORM

NAME: _____ DOB: _____ SS#: _____

ADDRESS: _____ PHONE: _____

Date: _____

REFERRING AGENCY: _____	
CONTACT: _____	
PHONE: _____	FAX: _____

Welcome to Gateways, Research shows that your likelihood for successful recovery increases if your wait time between today and your first day of treatment is reduced. We want to increase your access to treatment and encourage you to register without delay.

PLAN AHEAD

- TYPICAL REGISTRATION TIME WITH ASSESSMENT: 120 minutes

HOW TO REGISTER:

1. Call the **Intake Department** at (513) 861-0035 or fax us at (513) 861-0086 to schedule an appointment
2. In person at: 3131 Harvey Avenue, Suite 201, Cincinnati, Ohio 45229
3. You must bring the following documentation with you to register:
 - Photo ID**
 - Health Insurance Card**
 - Co-Pay**

Please note we cannot guarantee that you will see a counselor for an assessment, as a walk in, without calling for an appointment prior to your visit.

We, at Gateways, look forward to partnering with you and the community to support your recovery, health, and overall wellbeing.

(Parking is located in the parking garage opposite the building, ticket will be validated)

3131 Harvey Avenue
Suite 201
Cincinnati, Ohio 45229



We are on the second floor of the Jewish Hospital
Medical Building
513-861-0035