



Referral Form

DATE: _____

NAME: _____ DOB: _____ SS#: _____

ADDRESS: _____ PHONE: _____

REFERRING AGENCY: _____ CONTACT: _____

PHONE: _____ FAX: _____

ADDITIONAL COMMENTS: _____

Programs Offered:

- Outpatient Counseling Intensive Outpatient Program (AOD)
- Continuing Care/Relapse Prevention Mental Health Medication Assisted Treatment

Welcome to Gateways

We encourage you to take the first step immediately. Please call us to schedule your registration appointment and intake assessment. When completed, we can get treatment started for you right away. The registration process and assessment process takes two hours. *We look forward to meeting you and helping you in your recovery, health, and overall well being.*

How to Register

1. **Call (513) 861-0035 to schedule an appointment** at our offices located at 4760 Madison Road (lower level entrance), Cincinnati, Ohio 45227. *(As a walk in, we cannot guarantee that you will see a counselor for an assessment without calling for an appointment prior to your visit.)*
2. **The following documents are needed to complete your registration.**
 - Photo ID (License, passport, other form of picture ID)
 - Health Insurance Card (We also accept self pay)
 - Co-Pay (Payment for assessment is due at time of appointment)

For more information about our services, please call (513) 861-0035 or visit www.gatewaysrecovery.com.