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Department of Health Services
Division of Behavioral Health Services
Substance Use Prevention and Treatment Services

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SUD universal referral form to adult system of care (SOC)

Referral information Date of referral:

Name of referring party: Phone #:

E-mail: Other:

- Attorney/ DA office Correctional health EIFTC ** Mental health Prop 36
CalWORKs/DHA CPS social worker Hospital Parole Public defender
Collaborative courts DFTC ** Jail social worker Probation STARS **

Client information (One form per client referred)

Client name: (last) (first) Primary language:

Male Female Other DOB: / / Phone #:

Address: City: Zip Code:

History and recent events (check all that apply)

Substance use (check all that apply):

- Admitted drug use DUI Mother positive at birth Prior CPS case with drugs
Drug arrests Failure(s) to drug test Paraphernalia in home Prior pos-tox births
Drugs found in home Infant positive at birth Prenatal exposure Prior SUD Tx history

Drug(s) of choice related to qualifying events (check all that apply):

- Alcohol Ecstasy/Club drugs Marijuana Opiates
Benzodiazepine Hallucinogens Methamphetamine Other:
Cocaine/Crack Heroin Misuse of prescriptions

Criminal justice history (check all that apply): Current incarceration: Main Jail RCCC

- 290 Registrant CNO eligible Hold from another county Intoxicated in public
452 Arson registrant Drug possession Intent to sell Pending drug charges

Summary/Reason for referral: Specific details and dates of the above checked boxes, include AOD/SUD related history as well as treatment episodes, arrests, CPS, family, & domestic violence, and current drug test results including failure to test (s).

Date of last use: Date of failure(s) to test:

Current drug use: Yes No Current AOD/SUD services: Yes No

Description of qualifying events and all previous AOD/SUD history: (Attach second page if needed)

Large empty box for description of qualifying events and all previous AOD/SUD history.

** If DFTC/EIFTC/STARS are selected as referral source
Please submit referral to
intake@bridgesinc.net

Referral submitted to intake@bridgesinc.net