

Lehigh Valley Drug and Alcohol Intake Unit: 100 N Third Street Suite 401, Easton PA 18042  
P: 610-923-0394 F: 610-9230397 (please email referral form to [Cmensch@lvintake.org](mailto:Cmensch@lvintake.org), CC to [Jenny@lvintake.org](mailto:Jenny@lvintake.org) and [MBartosh@northamptoncounty.org](mailto:MBartosh@northamptoncounty.org))

**Evaluation Referral Form**

Please fill in all questions appropriately before sending referral.

Referral date:

OTN # \_\_\_\_\_

NCP \_\_\_ NCAP/Parole \_\_\_ NCPTS \_\_\_ Juvenile Probation \_\_\_ Problem Solving Court \_\_\_

Client's Supervising Officer (if applicable):

E-mail:

Phone Number:

Referring client for a new assessment or case management

Client in community Yes or No

Pending NC DUI Yes or No

Complete prior to \_\_\_\_\_ Expedite \_\_\_\_\_

Name:

DOB:

Social Security number:

Phone number:

Address:

Health Insurance (please obtain insurance card info if possible):

Reason for referral:

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Legal history:

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Substance use, include last use if possible:

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