



CENTER FOR BEHAVIORAL HEALTH & ADDICTION TREATMENT SERVICES

RECOVERY COACH – Referral Form

Participants must possess a substance use or co-occurring disorder

- ❖ A Recovery Coach promotes recovery by helping remove barriers and obstacles to recovery and serves as a personal guide and mentor for people seeking or already in recovery.

Referral Source: _____

Have you received Recovery Coaching Services elsewhere within the last 30 days? YES NO

Referral Date: _____ Full Name: _____

DOB: _____ Gender: _____ Ethnicity: _____

Preferred Language: _____ Phone #: _____

Street Address: _____

Email Address: _____

Drug of Choice: _____ MH Diagnosis: _____

How did you hear about us? _____

Referral may be faxed 978-462-0735 or emailed CBHATS@linkhouseinc.org

INSURANCE INFO

Masshealth ID # _____ OR Self Pay

Plan Name and ID #: _____

Recovery Coach Assigned: _____ Date: _____