



Henderson, NC
REFERRAL FAX LINE
FAX: 252-598-0772
Phone: 252-598-2770

www.lilycoservices.com

Addiction Recovery & Counseling Specialists™
 DATE: _____ Number of Pages Faxed: _____

Addiction Assessment • Addiction Treatment/Recovery Referral

I believe the patient I'm referring is a motivated individual who expresses a willingness to participate in a highly-disciplined comprehensive and active Addiction Recovery Treatment Program which may include any or all of the following: Physician Managed Buprenorphine medication, mandatory individual/group counseling sessions and regular participation and attendance in a 12-step program (Alcoholic Anonymous AA or Narcotics Anonymous (NA)).

REFERRING PHYSICIAN INFORMATION:

Physician/Clinical Staff Name: _____
 Office Contact for this Referral: _____ Ext _____
 Phone _____ Fax _____
 Address _____
 City _____ State _____ Zip _____
 NPI# _____

PATIENT INFORMATION:

Patient Name: _____ Phone: _____
 Has the patient been treated for Addiction Issues? ____ yes ____ no
 If yes, Facility name: _____
 Has this patient ever been dismissed by another physician? ____ yes ____ no
 If yes, the Physician's name: _____

REASON FOR REFERRAL AND PATIENT INFORMATION NEEDED FOR ASSESSMENT:

REASON FOR REFERRAL

___ Opioid Medication Addiction
 ___ Alcohol Addiction
 ___ Substance Abuse/Addiction:
 Type: _____
 Other: _____

PLEASE ATTACH INFORMATION WITH REFERRAL FORM

___ Demographic Form
 ___ C-9 for Worker's Compensation
 ___ Current Medication List
 ___ Any previous or recent lab test/report/results
 (i.e. Liver function study, UDS, etc.)

LILYCO Services, LLC

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THANK YOU FOR YOUR REFERRAL!



Most Insurances Accepted | Private/Self Pay Welcome



You May Additionally Upload Referral Form and Documentation via the Website