



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HEALTHY HORIZONS PARTICIPANT REFERRAL FORM FOR INDIVIDUALS IN RECOVERY FROM SUBSTANCE USE DISORDER

Date: _____

Therapist / Health Care Provider Information

Name:

Practice:

Address:

Phone:

Participant Information

Name:

Address:

Phone:

Email:

Participant Availability

Days/ Times:

Stage of Change

Based on the following stage model please identify the phase that your patient is in at the current time (note participants must have a minimum

of 60 days of sobriety):

___ **Pre-Contemplation:** unaware of the problem

___ **Contemplation:** aware of the problem and of the desired behavior change

___ **Preparation:** intends to take action

___ **Action:** practices the desired behavior

___ **Maintenance:** works to sustain the behavior change

Please give a brief reason that you are referring this participant to our program:

Please provide any information that you feel we should be aware of regarding this participant and their ability to perform exercise in a social environment:

Have you discussed this program with the participant and have they consented to having the YMCA contact them:

YES / NO

Was a release signed:

YES / NO