



cascade comprehensive care, inc.
 2909 Daggett, Suite 200, PO Box 217
 Klamath Falls, OR 97601

(place sticker here)

Pt Name: _____, DoB _____

Substance Abuse and Related Issues
 Relevant Communication and Referral Facilitation

Recent Information indicative of Significant Substance Abuse Problem: (*Date, Info, Source*):

Substance Abuse Referral Resources

Lutheran Community Services (LCS) - (outpatient), 2545 N. Eldorado Ave
 In-clinic consultation - **Dorothy Walker**, Counselor (CADC II)
 In **CEFM Library** for consultation, referral Monday & Friday afternoons 1330 – 1500

BestCare Treatment Services: Outpatient 4775 S 6th St
 or Residential (following detox, if needed) 2555 Main Street

Inside Out Counseling (outpatient), 1421 Esplanade Street Suite 7

Rapid Referral Recommendation

Consider Referral of this patient to (please Check or circle choice and Fax to CCC – 541-882-6914):

- Lutheran Community Services (Outpatient) 541-883-3471
- BestCare Treatment Services Outpatient 541-205-3459
- BestCare Treatment Services Residential 541-883-2795
- Inside Out Counseling (Outpatient) 541-273-0340

Counselor/Intake contacted _____, _____
 Name Date

Patient Contacted (Date) _____ Comments:

 Physician Date Signature