

# Active Recovery

Change Your Thinking, Change Your LIFE...

[www.ActiveRecoveryLA.org](http://www.ActiveRecoveryLA.org)

Date: \_\_\_\_\_  
Client: \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Phone #: \_\_\_\_\_

## Location Preference:

- Shreveport 318-946-8157  
3821 Southern Ave. 71106
- Bossier 318-584-7133  
1505 Doctors Dr. 71111
- Minden 318-377-1072  
421 Meadowview Dr. 71055

Reason for referral (Please include current charges if any, relevant history, drug and alcohol history, and which program you suggest they enroll) this information is vital to determine which program/length of stay:

- Substance Abuse Assessment: Follow all recommendations  Yes  Not at this time
- Intensive Substance Abuse: 3 days/week, 8 weeks followed by 1 day/week for 10 weeks **(Must meet criteria)**
- Criminal Thinking Program: (PWID; Theft) 1 day/week for 10 weeks **\*(Must meet criteria)**
- Parenting Education Program: 1 day/week for 10 weeks
- Anger Management Program: 1 day/week for 10 weeks **\*(Charges cannot be domestic violence related)**
- Survivors of Domestic Violence Program: 1 day/ week for 10 weeks \*
- Batterer's Intervention Program: 1 day/week for 26 weeks \*
- 1-hour Defensive Driving Course: course is online only, offered through DriveSafeLA.org
- Random Testing Only Program: (Indicate frequency:  1 per month  2 per month  4 per month)

**Clients are required to maintain abstinence for all programs. Minimum weekly drug testing.**

**\*Programs vary by location**

## Referring Agency Information:

**Name & Program:** \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

***Please fax or email form to:***

Shreveport Fax: 318-216-5868

Bossier Fax: 318-584-7135

Minden Fax: 318-377-9283

[Shreveport@ActiveRecoveryLA.org](mailto:Shreveport@ActiveRecoveryLA.org)

[Bossier@ActiveRecoveryLA.org](mailto:Bossier@ActiveRecoveryLA.org)

[Minden@ActiveRecoveryLA.org](mailto:Minden@ActiveRecoveryLA.org)