

Alternative Paths, Inc.  
Opiate Response Team Referral Form

Date of Referral: \_\_\_\_\_

Name of Person Making Referral: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Family/ Significant Other Information: \_\_\_\_\_

Family/ Significant Other Phone: \_\_\_\_\_

Date of Overdose: \_\_\_\_\_

Location of Overdose: \_\_\_\_\_

Other Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax Completed Form to:  
Alternative Paths  
ATTN: Medina County Opiate Response Team  
(330) 764-8126