

CHULA VISTA AREA

REFERRAL FORM

MCALISTER INSTITUTE ADOLESCENT PROGRAM

<p><u>Chula Vista – Eastlake</u> 2429 Fenton Street, Bldg. 5 Chula Vista, CA 91914 619-482-9300 Office 619-482-9333 Fax</p>	<p><u>Chula Vista – 3rd Avenue</u> 629 3rd Avenue Suite C Chula Vista, CA 91910 619-691-1045 Office 619-691-1491 Fax</p>
<p><input type="checkbox"/> Positive Decisions – Level 1</p> <ul style="list-style-type: none"> • Experimental Users • Early Intervention/Prevention • Peer Pressure • Staying Clean • Communication Skills • Art of Negotiation • 3 Month Program • Drug Testing 	<p><input type="checkbox"/> Positive Decisions – Level 2</p> <ul style="list-style-type: none"> • Habitual Users • Prevention of Abuse • Peer Pressure • Decision-Making • Living Sober • Life Skills • Ego Management • Coping Skills • Communication Skills • Art of Negotiation • 6-Month Program • Drug Testing
<p>Funded in part by the County of San Diego</p>	

Client Name: _____ **Client Age:** _____

Name of Referring Party: _____

Contact Information of Referring Party:

Agency/School Name: _____

Address: _____

Phone: _____ E-Mail: _____

Parent/Guardian Name: _____

Phone: _____

Program or School of Minor: _____

Additional Information (include reason for referral): _____
