Life Recovery Center

Referral Form

Please fill out this form and fax it to our office to help initiate the treatment process. We will reach out to the client within 1 to 2 business days to schedule their initial appointment.

Date: _____

Referred by: _____ Agency: _____

Referral Phone: _____

Client Name:_____DOB: _____

Address:_____

Client Phone Number(s): _____ Health Insurance? Yes / No

Reason for seeking treatment/type of treatment needed: _____

_____

_____

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Please fax this completed form to our main office at 317.887.6894 or scan and e-mail it to kwoolen@liferecoverycenter.net

Feel free to contact us with any questions:

Phone: 317.887.3290 / www.LifeRecoveryCenter.net

We offer our services in FOUR convenient Indianapolis locations:

SOUTH	NORTH	EAST	WEST
8150 Madison Ave. Indianapolis, IN 46227	8727 Commerce Park Place, Suite L, Indianapolis, IN 46268	4455 McCoy St. Ste 301 Lawrence, IN 46226	3607 W. 16th St. Ste B-3 Indianapolis, IN 46222