



FOR THE PREVENTION OF ALCOHOL
AND SUBSTANCE ABUSE

**FOCUS ON CONSEQUENCES
For Adolescents/for Adults**

Registration/ Fax Referral

NAME OF REFERRAL:	Print:	
<hr/> <hr/>		
M / F:	DOB:	Referral Date:

Address:

Telephone(s): _____

REFERRED BY:

Name: _____

Title/Agency: _____

Address: _____

Telephone/Fax: Phone: _____ **Fax:** _____

Program must be **Date:**
Completed by: _____ **or** _____ **within one month of referral date**

Charge/Reason for Referral: _____

Signed / Date: _____ **Date** _____

Please complete this form and return to:
Focus on Consequences, ECCPASA
1625 Hertel Ave., Buffalo, NY 14216
Fax: 716/831-9580 Tel: 716/831-2298