INITIAL CONTACT AND SCREENING DATA

Date: ____

Patient Name: _______________________________________Referral Source / Name: ____________________________________

Referral Source Phone Number: ______________________________

Home Phone: ________________________ Cell Phone: ____________________________ E mail: __________________________

Interested in help for: □ Self □ Friend □ Family Member □ Employee □ Other: ________________________________

SCREENING FOR ADMISSION: Name: _____________________________________Phone: _______________ Age: _________

Address: ____ SSN: _____-____- _______

DOB _________/______/_________ Sex: □ Male □ Female If Female: Pregnant? □ Yes □ No Due Date: ___________________

Driver License #__________________ DL State_______ Race: □ Caucasian □ African American □ Hispanic□ Other_________

Marital Status: □ Married □ Single □ Separated □ Divorced □ Widow/Widower

Employment Status: □ Employed □ Unemployed □ Student □ Retired □ Disabled/Social Security

SUBSTANCE USE HISTORY

Substance	Route	Frequency	Amount	Age of 1st use	Date of last use

Prior Substance Abuse Treatment: □ No □ Yes Where: ____

What type: ___________________ When: _____________________ Outcome: _____________Type of discharge: ______________

Are you seeking Opioid Treatment Services? □ Yes □ No
If yes, what type □ Methadone □ Subutex □ Rx Suboxone □ Vivitrol □ Outpatient Counseling (without medication)

Any history of mental health issues? □ No □ Yes If yes please describe: ____

History of Suicide Attempts: □ Yes □ No Date of Last Attempt:__________ Current Suicidal/Homicidal thoughts: □ Yes □ No

Current Prescribed medications: ____

Current Providers/Practice Name:____

Currently involved in pain management? □ Yes □ No

TREATMENT FEE PAYMENT SOURCE

□ Self-Pay □ Insurance/ Managed Care Policy/Medicaid # _________________________
□ VA benefits □ Other ___________________________
□ Family Member or Friend

INTERNET INTAKE SCREENING FORM DATE RECEIVED____________
Appointment Scheduled by _____________________________ For: date_______________ time______________________
If not appropriate; Referred to:____