



Phone Referral

Date: _____ Name: _____ DOB: _____

Marital Status: _____ Social Security #: _____ NH ID/License: **Y/N**

Address: _____ Homeless: **Y/N** Veteran: **Y/N**

Phone Number: _____ Race/Ethnicity: _____

Insurance: _____ Employer: **Y/N** _____

If disabled: Medical? Psychiatric? Income: _____ Level of education: _____

Children _____ Gender and ages _____ DCYF Involvement: **Y/N**

Drug of choice: _____ Route: _____ IV: **Y/N**

Date of Last Use: _____ Age of 1st Use: _____

Treatment History: _____

Current legal charges: _____

Upcoming court dates: _____ Any warrants in any state? _____

Mandated to treatment: **Y/N** By who? _____

Arrests within the last 30 days: **Y/N** Charged with a sexual or violent crime: **Y/N**

Probation/Parole: _____

Bail: _____

Restraining order: _____

No contact order: _____

Stalking order: _____

Mental health diagnosis: _____ Hallucinations: **Y/N**

Do you have a PCP? **Y/N** Facility and provider: _____

Seizure disorder: **Y/N** Major medical concerns: **Y/N** _____

Any communicable diseases: **MRSA CDIF Hepatitis STD's HIV NONE** Tested: **Y/N**

TB Test: **Y/N** Positive Result: **Y/N** Chest X-Ray, if positive: **Y/N**

Medications: _____



Allergies: _____

Pregnant: Y/N

How many times have you been to the emergency room in the last 6 months? _____

What do you hope to get out of treatment? _____

Documents needed:

___ Terms and conditions of probation/parole

___ Letter from PO non-violent nor sexual offender

___ Bail conditions

___ Restraining/no contact/stalking order

___ Mental health notes

___ Signed Medication list