MIND SPRINGS *health* Prevention. Care. Recovery. WEST SPRINGS *hospital* Psychiatric Care & Recovery

SUD Residential Treatment Admission Questionnaire

PLEASE PRINT LEGIBLY

If you are being referred by another agency (DHS, Probation, Parole, Detox, Hospital, ETC.) please ask for their assistance in completing this form. If you are not being referred by another agency and would like assistance filling this form out, please contact the MSH Case Manager at 970-245-4213

Today's Date: _____

Name: _____

Date of Birth: _____ Gender: _____

Social Security Number: _____

Phone: _____ OK to leave message ( )YES ( ) NO

Emergency Contact: _____ OK to leave message: ( )YES ( ) NO

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City; _____ State: _____ Zip:_____

Number of People in Household: _____

Are You Pregnant: ( )Yes ( ) No Due Date (if applicable):_____

How Many Children, Under the Age of 18, are in Your Custody: _____

LIVING STATUS (circle):

Independent Correctional Facility Sober Living Nursing Home

Group Home Halfway House Homeless (no fixed Address/Includes Shelters)

Residential Treatment Facility: _____

ATU: _____ OTHER: _____

MARITAL STATUS (circle):

Single (never married) Married Widowed Separated Divorced

SOURCE OF INCOME (circle):

Wages Public Assistance Retirement/Pension Disability None

Other:_____

EMPLOYMENT STATUS:

Current Status: _____ Occupation: _____

Number of Days Worked in the Last 30 Days: _____ Annual Income: _____

Highest level of Education: _____

TOBACCO USE:

Cigarettes: ( )Yes ( )No Packs per Day:____ E-Cigarettes ( )Yes ( ) No

Chewing Tobacco: ( )Yes ( )No Nicotine Replacement(Gum, Patches, etc.) ( )Yes ( )No

ADMISSION STATUS (check one):

__Voluntary __DHS __Condition Of Probation/Parole

Pending Charges: ( ) Yes ( ) No Explain: _____

Probation/Parole Officers Name (if applicable)_____

Transfer from (if applicable):_____

Referral Source Name:_____

Agency:_____ Phone:_____

Address:_____

Registered Sex Offender (circle): ( ) Yes ( ) No

If yes, please send documentation of sex offender treatment.

LIST ALL SUBSTANCES ABUSED INCLUDING ALCOHOL, TOBACCO, ILLEGAL AND PRESCRIPTION DRUGS:

Substance: List in order of current use	Years of Use	Routes: Oral, nasal, IV	Amount per day/week	Last Use

LIST PRIOR DRUG/ALCOHOL TREATMENT: (DO NOT LIST DUI CLASSES)

Place	Approx. Dates	Type of Treatment	How Many Days

MEDICAL HISTORY:

Please List any past or current medical/psychological conditions/diagnosis:

_____

_____

Have you been diagnosed with any STD's (circle): HIV AIDS HEP-C MERCA

OTHER _____

Are you receiving treatment and what: _____

List all current medications and dosages: _____

_____

_____

List any medical durable equipment (oxygen, C-pap, Glucometer, etc): _____

_____

Please list any dietary needs or food allergies: _____

_____

_____

INSURANCE:

Medicare ( ) Yes ( ) No Medicaid ( ) Yes ( ) No SSI ( ) Yes ( ) No SSDI ( ) Yes ( ) No

Private Insurance ( ) Yes ( ) No Private Pay ( ) Yes ( ) No

Other: _____

Member Number: _____

Name of Policy Holder: _____

Phone: _____ Address: _____

DISCHARGE PLAN AFTER COMPLETION OF PROGRAM:

Where do you plan to live: _____

Phone: _____ Address: _____

PROVIDE AN EXPLANATION OF ALL THAT APPLY:

Are you experiencing Psychiatric issues that are moderate to severe? _____

_____

Please explain any other problematic areas of your life (gambling, eating disorder, shopping, etc.):

_____

Please describe your current living environment: ☐ Violence ☐ Substance Abuse ☐ Other criminal activities ☐ Food insecurities ☐ Other:_____

Continued substance abuse that creates imminent danger and serious damage to physical health or other medical conditions (e.g. HIV, etc): _____

_____

PLEASE TELL US <u>IN DETAIL</u>, WHY YOU WANT TO BE ADMITTED INTO RESIDENTIAL TREATMENT:

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ANY MISREPRESENTATION OF INFORMATION MAY RESULT IN DENIAL OF ADMISSION

SIGNATURE _____ DATE _____

PLEASE RETURN APPLICATION TO:

Mind Springs Health SUD Residential Treatment Program
3210 E Road, Clifton, CO 81501
or FAX to (970)243-7297