



## SUBSTANCE USE DISORDER REFERRAL

### REFERRAL SOURCE INFORMATION

Date of Referral: \_\_\_\_\_ Referral Name: \_\_\_\_\_

Referring Agency: \_\_\_\_\_ Referral Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### CONSUMER INFORMATION

Consumer Name: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Marital Status: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_

Medical Assistance and effective date#: \_\_\_\_\_

Legal Guardian and Phone : \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone (consumer): \_\_\_\_\_ Consumer Email : \_\_\_\_\_

# of Dependents: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

Currently Employed:  Y  N

Military Experience: No Yes, if so what branch: \_\_\_\_\_ Still Active:  Y  N

Active Insurance:  Y  N Insurance Type:  Medicaid  Medicare  Private  None

Registered Sex Offender:  Y  N Currently on Parole/Probation:  Y  N

Cigarette Use:  Y  N

Prescribed Medication:  No  Yes, if so list: \_\_\_\_\_

### History:

Number of Arrest in Last 30 Days: \_\_\_\_\_ Number of Arrest in Last 12 months: \_\_\_\_\_

Medical Challenges: \_\_\_\_\_ Physical Disabilities: \_\_\_\_\_

# of Treatment Episodes: \_\_\_\_\_ Primary Source of Income: Employment  
TCA SSI SSDI Retirement  
Other None

History of Mental Illness: \_\_\_\_\_

\*\*list illness in comment section\*\*



**Primary Substance:** \_\_\_\_\_ Age of 1<sup>st</sup> Use: \_\_\_\_\_  
Date of Last Use: \_\_\_\_\_ Method of Use:  Oral  Smoking  Inhalation  Injection  Other  
Length of Current Use:  1 month or less  1-6 months  6 months-1 yr  1yr or more  Unknown  
Total Yrs. Of Use: \_\_\_\_\_ How Often: \_\_\_\_\_ How Much: \$ \_\_\_\_\_  
Withdraw Symptoms: \_\_\_\_\_ Longest Period of Abstinence: \_\_\_\_\_

**Secondary Substance** \_\_\_\_\_ Age of 1<sup>st</sup> Use: \_\_\_\_\_  
Date of Last Use: \_\_\_\_\_ Method of Use:  Oral  Smoking  Inhalation  Injection  Other  
Length of Current Use:  1 month or less  1-6 months  6 months-1 yr  1yr or more  Unknown  
Total Yrs. Of Use: \_\_\_\_\_ How Often: \_\_\_\_\_ How Much: \$ \_\_\_\_\_  
Withdraw Symptoms: \_\_\_\_\_ Longest Period of Abstinence: \_\_\_\_\_

**Tertiary Substance:** \_\_\_\_\_ Age of 1<sup>st</sup> Use: \_\_\_\_\_  
Date of Last Use: \_\_\_\_\_ Method of Use:  Oral  Smoking  Inhalation  Injection  Other  
Length of Current Use:  1 month or less  1-6 months  6 months-1 yr  1yr or more  Unknown  
Total Yrs. Of Use: \_\_\_\_\_ How Often: \_\_\_\_\_ How Much: \$ \_\_\_\_\_  
Withdraw Symptoms: \_\_\_\_\_ Longest Period of Abstinence: \_\_\_\_\_

**Problem Areas:**

- |                                       |                                   |  |
|---------------------------------------|-----------------------------------|--|
| <input type="radio"/> Educational     | <input type="radio"/> Health Care | <input type="radio"/> Legal              |
| <input type="radio"/> Primary Support | <input type="radio"/> Housing     | <input type="radio"/> Social Environment |
| <input type="radio"/> Occupational    | <input type="radio"/> Homeless    | <input type="radio"/> Unknown            |



**Comments, (list mental illnesses here):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information Provided By: \_\_\_\_\_

Date: \_\_\_\_\_