

PRE-ADMISSION SCREENING FORM
(Fill Out the Form in its' entirety)

Client's Name: _____ SS#: _____ DOB: _____ AGE: _____

Phone # _____ Referrant's name: _____ Location: _____ Phone #: _____

APPLICANT MUST HAVE MEDIPAS/TITLE XIX IF BEING ADMITTED FOR SUBSTANCE ABUSE TREATMENT

Does the client currently have Title XIX or Medipas? _____ **ID#:** _____

Why being referred? _____

What is client's reason for coming to Clearview? _____

Referred for what level of care?: Residential Intensive Out-Patient HWH Unknown

HISTORY AND PHYSICAL WITHIN 30 DAYS AND TB TESTED WITHIN 90 DAYS PRIOR TO ADMISSION (UNLESS PREGNANT)

H&P Completed within 30 days prior to admission? _____ If "no" can one be scheduled? _____

Will proof of H&P be sent to us ASAP? _____

TB Tested within 90 days prior to admission? _____ Will proof of TB test be sent to us ASAP? _____

If "no" explain: _____ If "no" can one be administered? _____ Will it need to be verified here? _____

Legal: _____ Current/Pending: _____ Explain _____

Probation: _____ With whom and for what? _____ PO Contact Info _____

CPI: _____ DHS Worker - _____ County: _____ Contact Info: _____ Protective Daycare in place? _____

DOC	AGE 1 st USE	AMOUNT	FREQUENCY	DURATION	METHOD	DATE LAST USE

TREATMENT HISTORY	LOCATION	DATES	TYPE OF DISCHARGE

Is the applicant pregnant? _____ How many months? _____ Has the applicant had pre-natal care? _____ Explain: _____

Does the applicant have OB/GYN? _____ Who? _____

How many children are in applicant's care? _____ Age(s) & Sex: _____

What is the current custody status of the children? _____

Is the client homeless? _____ Chronic Diseases? _____ Disabled? _____ Mental Illness? _____ Explanation: _____

Psychiatrist? _____ Who: _____ Medications? _____

History of MI Treatment? _____ When & Where? _____

Any history of suicide attempts? _____ Explanation: _____ Is client willing to come to treatment? _____

Motivation Level _____ Is client high risk for relapse? _____

Recovery Environment? _____ Any support of family and friends? _____

Narrative - _____

Admission Approved: _____ If "no", why? _____ Waiting Listed? _____ Approved by: _____

Admission Scheduled for Date and Time? _____ Arranged by: _____

Information Taken By: _____ Date Call Received: _____