Integrity House

Substance Use Disorder Treatment Referral (Residential)

Date: _____

First Name: _____**Middle Initial**: _____**Last Name**: _____

Address: _____ ☐ Unhoused **Length at Address**: _____

City: _____ **State**: _____ **Zip Code**: _____ **County**: _____

Phone Number: _____ **Social Security #**: _____ **U.S. Citizen**: ☐ Yes ☐ No

Date of Birth: _____ **Age:** _____ **Sex**: ☐ Male ☐ Female **Gender**: ☐ Male ☐ Female ☐ Non-Binary

Health Insurance (Active): ☐ No ☐ Yes If yes, name of health plan: _____

Do you have a history of a sex offense? ☐ No ☐ Yes If yes, a judgement of conviction is needed. **Do you have a history of fire setting?** ☐ Yes ☐ No
Are you able to speak and understand the English language to participate in treatment? ☐ Yes ☐ No
Do you require any accommodations to engage in treatment? ☐ No ☐ Yes **If yes, specify**: _____

Have you previously received treatment at Integrity House? ☐ No ☐ Yes **If yes, specify**: _____

Medical & Psychiatric Needs

Please identify all existing known medical needs: _____

_____

Ability to ambulate (walk/use stairs) independently, without support or tools (i.e. cane, walker, etc.)? ☐ Yes ☐ No
Are you pregnant: ☐ Yes ☐ No ☐ Unsure ☐ N/A If yes, due date_____ **Have you given birth in the last month?** : ☐ Yes ☐ No ☐ N/A
Are you diabetic? ☐ No ☐ Yes **Prescribed insulin for daily use?** ☐ No ☐ Yes **Access of insulin prescribed to you ready for use?** ☐ Yes ☐ No
Do you have a history of seizures? ☐ No ☐ Yes **If yes, date of last seizure**: _____
Do you have any open wounds? ☐ No ☐ Yes **If yes, location and type**: _____ **Date Occurred**: _____
Are you prescribed daily medication for hypertension? ☐ Yes ☐ No **Are you in access of such medications ready for use?** ☐ Yes ☐ No
Do you experience any involuntary bladder leakage or other incontinence? ☐ No ☐ Yes
Date of last PPD: _____ Results: ☐ Negative ☐ Positive (a chest x-ray must be furnished).
Please identify all existing known psychiatric diagnosis: _____

_____

Have you ever had thoughts about hurting yourself or others before? ☐ No ☐ Yes **If yes, please clarify including last occurrence**: _____

_____

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Have you ever attempted suicide? ☐ No ☐ Yes **If yes, date of last attempt:** _____

Have you ever engaged in acts of self-harm? ☐ No ☐ Yes **If yes, date of last attempt:** _____

Have you ever experienced hallucinations? ☐ Auditory _____ ☐ Visual _____ ☐ No

Are you currently prescribed any medications? ☐ No ☐ Yes If yes, specify (and bring a minimum of 2-week supply with you):

Medication	Dose (if known)	Frequency	Taken As Directed
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More
			☐ Yes ☐ Less ☐ More

Substance Use History

Substance	Date of Last Use	Age of First Use	Frequency	Usual Amount Per Day	Route of Use
Alcohol					☐ Oral ☐ Smoke ☐ Nasal ☐ Inject
Sedative-hypnotics/anxiolytics (i.e. alprazolam, other benzos):					☐ Oral ☐ Smoke ☐ Nasal ☐ Inject
Opioids:					☐ Oral ☐ Smoke ☐ Nasal ☐ Inject
Stimulants (i.e. meth, cocaine):					☐ Oral ☐ Smoke ☐ Nasal ☐ Inject
Cannabis:					☐ Oral ☐ Smoke ☐ Nasal ☐ Inject
Hallucinogens:					☐ Oral ☐ Smoke ☐ Nasal ☐ Inject
Inhalants:					☐ Oral ☐ Smoke ☐ Nasal ☐ Inject
Tobacco/Nicotine:					☐ Oral ☐ Smoke ☐ Nasal ☐ Inject
Other/Unknown:					☐ Oral ☐ Smoke ☐ Nasal ☐ Inject

Medications for Opioid Use Disorder: Dosing records must be received through the date of admission (for a minimum of 30 days)

☐ Acamprosate ☐ Disulfiram ☐ Naltrexone ☐ Topiramate ☐ Naltrexone ☐ Buprenorphine ☐ Methadone

Current Dose: _____ **OTP Clinic**: _____

Current SUD Treatment Program: _____ **LOC**: ☐ 4.0 ☐ 3.7WM ☐ 3.7 ☐ 3.5 ☐ 3.1 ☐ 2.5 ☐ 2.1 ☐ 1.0

Date of Discharge: _____ **Are you currently involved with the legal system?** ☐ No ☐ Pending ☐ Yes **If yes, specify:**

☐Recovery Court ☐ SPB ☐ISP ☐ IDRC ☐ DCPP ☐ Federal Probation or Pretrial, Probation, etc.) ☐ County Probation

Officer's Name: _____ **Officer's Phone**: _____

History of DUI: ☐No ☐ Yes If yes, what year: _____ **Driver's License #**: _____ **State**: _____