REMMSCO, Inc. Screening Form

Current Date	Contact Number
Applicant Full Name	Person Referring
Date of Birth	Age
SSN (optional)	
Medicaid County or	Insurance? Medicaid?
County of Residence	
Current Treatment/	Projected Discharge Date
Referral Source	from Current Treatment

	1 Primary	2 Secondary	3 Tertiary	4	5
Substance					
Age at 1 st use					
Frequency					
Route (IV, smoking, etc.)					
Average/day					
Date of last use					

Past Treatment History	
Medical Diagnoses	
Mental Health Diagnoses	
Medications	
Current Income	
Current/Past Legal Issues	
Current Probation/Parole?	
Pending Court Dates?	

Have you been vaccinated against COVID-19:	Y 🗆 N 🗆
Has a TB test been performed in the last 12 months:	Y 🗆 N 🗆
Have you ever been tested for STI's, TB, HIV, Hepatitis:	Y 🗆 N 🗆
Have you ever tested positive for HIV, Hepatitis, or TB:	Y 🗆 N 🗆
Applicant Has Been Advised About \$50.00 Admission Fee:	Y 🗆 N 🗆
Eligible for Food Stamps:	Y 🗆 N 🗆
On Sex Offender List:	Y 🗆 N 🗆

Optional:

Marital Status		
Race	Ethnicity	
Educational Level	Veteran Status	
Head injury?		