

Step Up From Grace- Initial Contact Form

Expected Discharge Date (or date bed needed): _____

This form will be completed over the phone, and if the potential resident meets initial criteria and a bed is available, and intake will be scheduled. Should they meet criteria, but we do not have a bed date, community resources will be provided over the phone and the client will be given the option to be placed on our waiting list.

Referral Source/ Phone Number: _____

Resident Name: _____

Resident Social Security Number: _____

Date of Birth: _____ Sex: Male Female- Pregnant? Due Date: _____

Resident Primary Address: _____

Resident Phone Number: _____

Marital Status: _____ Military Status: _____ Highest Education _____ Employment Status: _____

Treatment History

	YES OR NO	Number of Times	Date
Inpatient Tx			
Outpatient TX			
Detoxification TX			
Methadone Maintenance		Dosage:	
Suboxone Maintenance		Dosage:	

Substance Use History:

Substance	Route	Frequency	Amount Using	Age of 1 st Use	Date of Last Use

Tobacco Use YES NO

Mental Health

Is Mental Health Stable? YES NO
Is resident taking medication as prescribed? YES NO
Mental Health DX (include stability & provider)
Hx of Suicide Attempt YES NO Date of last attempt Current Suicide thoughts YES NO (if yes, needs higher LOC) HX of inpatient for Mental Health YES NO Date(s)

Somatic Health

Is resident under the care of PCP YES NO Doctor Name?
Does resident understand what medications they are prescribed and know what they are for? YES NO
Can resident walk and get around unassisted? YES NO
Somatic DX (include stability & provider) ie, BP
Other:

Medications

Medication	Dosage/Frequency	Reason for Medication

Legal History

Current Charges YES NO (explain) Upcoming Court Dates?
Past Charges YES NO (explain)
Parole/ Probation YES NO Agent Name
Recovery Court YES NO

Insurance Information:

Insurance Company	
MA number	
Telephone Number of Insurance Company	
Notes:	

Approved: YES NO If not, WHY? _____

Bed Available: YES NO

Community Resources Provided: YES NO

Waiting List: YES NO

- Hudson Health 410-219-9000
- Bayside Housing 410-441-1039
- J. David Collins 410-548-3333
- Focus Point 443-978-7838
- COAT Team 410-749-1244
- Avenues Recovery Center at Eastern Shore 410-673-4600

Appointment Date & Time: _____

Staff Signature & Date: _____