



INTAKE DOCUMENT

MM/DD/YYYY

Call Date

Date of Appointment

Time

Confirmed Appointment

Location: (E,FL)

Type: Select

Provider: Select

Patient Name:

DOB:

S.S:

Address:

City:

State:

ZIP:

County:

Cell/Home Phone:

Email

Primary Insurance Carrier:

Carrier Name

ID #

Group #

Transferring from?

(We will need; Medical History, Physical Exam, Dose Level, UA results, TB test results, Dosing Schedule) Must ask for records to be sent to us.

How did you hear about us?

Presenting Problem

What substances have you been using?

Are you taking any psych meds?

Have you been hospitalized or in treatment in the past 3 months?

Pregnant?

(If yes, must have OBGYN name, number, address, & documentation of pregnancy test)

Recommendation if ineligible

Information for Patient:

2 forms of ID (Photo ID and insurance card or SS card)
Be available for at least 2-2.5 hours for methadone and 2 hours for suboxone.
Please don't bring children the day of intake.
Self Pay Payment of \$130.00 for Initial Intake and \$77 weekly.

*Revised admission criteria -CFR 42-(8)

- A moderate to severe OUD (Opioid Use Disorder)
- An active moderate to severe OUD;
- OUD in remission; or high-risk for recurrence or overdose.

Priority for Admissions will be given to the following persons:

- a) **Pregnant clients**
- b) **Clients recently released from a custodial facility (e.g., prison or jail) or long-term care facility**