

Red River Recovery Center **INTAKE**

PERSONAL INFORMATION

Date Referral Received _____ Admission Date _____

Client Name _____ SSN _____

BD ____/____/____ Age _____ PMI _____ M F

Address _____

Marital Status: Married Single Divorced Separated

Children _____ Custody _____

CP Worker _____ Phone _____

TREATMENT HISTORY

Tx Hx _____ Current/Most Recent Placement _____

DOC _____ Date of Last Use _____

Referral Source _____ Phone _____

DIMENSION SCORES

I _____ II _____ III _____ IV _____ V _____ VI _____

STATUS

Committed Voluntary Condition of Pro Stay of Commit

FUNDING

County _____ Rule 25: Y N Sending

County Worker _____ Phone _____

INSURANCE INFORMATION

Source _____ MNIITS attached: Y N

Further Instructions _____ Initials _____

SIGNIFICANT ISSUES _____

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CRIMINAL BACKGROUND

Is there an OFP: Y N If yes, who is the other party _____

Pending court date/legal charges _____

Sex Offender: Y N Violent Offender: Y N

Probation Officer _____ Phone _____

HEALTH

Mental Health Diagnosis _____

Medications _____

Physical Problems _____

Hx of Eating Disorder: Y N Hx of Self-Injury: Y N

Diabetic: Y N Medication Dep Insulin Dep LETTER

Hx of suicide attempts/ideation _____

CONTACT LOG

Client notified to arrive at or before 2pm: Y N

How will client arrive _____ Client Phone # _____