Creedmoor Addiction Treatment Center Screening Form

PLEASE PRINT ALL INFORMATION/FAX: 718-264-3301

DATE	REFERRAL AGENT	REFERRAL AGENCY	REFERRAL TELEPHONE NO	DATE OF DISCHARGE

Client Name:	Date of Birth:	Age:	Sex: ☐ Male ☐ Female
Street Address	CITY:	State: Zip Code:	Telephone Number:
Medicaid Number:	Social Security Number:		Primary Language

	✓ Check No or Yes	If **YES**, Explain
Managed Care Plan?	☐ NO ☐ YES	***CATC USE** If yes to either question, refer to Reimbursement Agent. ☐ Approved ☐ Disapproved Initials: Date:
Insurance (private or through spouse or job)	☐ NO ☐ YES	
Mandated to Detox by HRA?	☐ NO ☐ YES	
Drugs of Choice (Include tobacco/Nicotine use) Date of Last Use?	Specify:	
IVDU?	☐ NO ☐ YES	Specify:
In current need of detoxification?	☐ NO ☐ YES	
Methadone protocol during detox?	☐ NO ☐ YES	Date of Last Dose:
Psychiatric disorder?	☐ NO ☐ YES	DX: Meds:
History of recent suicidal attempt? ☐ NO ☐ YES	History of recent homicidal attempt? NO ☐ YES ☐	
History of violence? (Especially when **NOT** intoxicated; or in a treatment setting) NO ☐ YES ☐		
Prior Rehab/TC?	☐ NO ☐ YES	When? Where? Completed?
Medical disorder requiring treatment? Medical conditions, problems or concerns? Please specify:	☐ NO ☐ YES	DX: Meds:
PPD	☐ NO ☐ YES	Date: Results: mm. If PPD+ CXR date and results:
Is person ambulatory?	☐ NO ☐ YES	
Pregnancy?	☐ NO ☐ YES ☐ NOT APPLICABLE	If yes, number of months:
Personal, legal, social, vocational, or medical issues, which could interfere with attendance and /or participation in CATC program (including upcoming court dates)?		☐ NO ☐ YES

✓PPD results, lab work, x-rays, and other assessments **must** be faxed prior to admission.
✓Client **must** have 48 hours abstinence prior to admission. Failure to disclose pertinent information or to misrepresent information may result in termination from treatment.

For CATC use only:

Medical Clearance for Admission?	☐ Not Required ☐ Yes	MD Signature: Date:
Psychiatric Clearance for Admission?	☐ Not Required ☐ Yes	MD Signature: Date:

Scheduled Screening	Scheduled Admission:
Date and time	Clients coming from?
Appeared? ☐ No ☐ Yes	Appeared? ☐ No ☐ Yes