

<b>PATIENT NUMBER:</b>				<b>SCHEDULED ADMISSION DATE:</b>			
<b>STUTZMAN ADDICTION TREATMENT CENTER CLIENT REFERRAL FORM</b>							
Fax this form, psychosocial assessment, medical information, and any recent lab work to: <b>ADMISSIONS OFFICE FAX NUMBER (716) 882- 4542.</b>							
After faxing the requested information, please call <b>(716) 882-4906</b> for an admission date.							
<b>Client Information</b>							
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	Veteran:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Client Name:							
County:				<input type="checkbox"/> No Permanent Address	<input type="checkbox"/> No Phone		
Full Address:							
Town/City/State:						Zip Code:	
Telephone Number:			<b>OR</b>	Contact Number :			
Age:		Date of Birth:			Birthplace:		
Social Security Number:			Marital Status:				
Ethnicity:			Religion:		Highest Grade Completed:		
Referring Person:					Telephone Number:		
Referral Agency:							
Address:						Zip Code:	
Mandated Client/OR Involvement With: <b>(Check all that apply)</b>					<input type="checkbox"/> No mandates for this client		
<input type="checkbox"/> Legal/Criminal	<input type="checkbox"/> Social Services/MAAT	<input type="checkbox"/> Family Court/CPS		<input type="checkbox"/> Job			
Mandating Agency:							
Contact Name:					Telephone Number:		
<input type="checkbox"/> Client has current significant health issues (note below)				<input type="checkbox"/> Client has current psychiatric issues (note below)			
Diagnosis:							
Current Medications:							
<b>Substance Abuse Diagnosis (Active in the past six months):</b>							
Substance/Dependency or Abuse			Frequency/Amount			Date of Last Use	
Client is a registered sex offender:			<input type="checkbox"/> Yes		<input type="checkbox"/> No		

**Financial Information**

Employment Status:	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Disabled
Employer:				
Position:			Annual Gross Income:	
<input type="checkbox"/> No income	<input type="checkbox"/> Other income:	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> SSI	<input type="checkbox"/> SSD
		<input type="checkbox"/> Disability Benefits	<input type="checkbox"/> Pension	<input type="checkbox"/> Other:

**Medical Insurance Information**

<input type="checkbox"/> No Health Insurance	<input type="checkbox"/> Has Health Insurance	Name of Insurance Company
		ID #:

Is there an Inpatient Rehab Rider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------------	------------------------------	-----------------------------

If yes, has pre-certification been obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Pre-Certification #:</b>
--	------------------------------	-----------------------------	-----------------------------

If there is an Inpatient Rehab Rider, the insurance company must be contacted by the client to request the list of network providers. A network provider is where the insurance company will cover the cost of inpatient rehab. If Stutzman ATC is one of the network providers, prior authorization from the insurance company **MUST** be obtained before being admitted.

If there is no rider, the client will pay for treatment based on GAHI (gross annual household income) and number of people in the household. To receive this information, the client or client's parent(s) need to contact the **INSURANCE/BILLING DEPARTMENT AT (716) 882-4900, EXT. 228**. The income must be verified by submitting copies of either check stubs or W-2's.

If no insurance, has DSS Application been initiated?  Yes  No Appointment Date:

<input type="checkbox"/> Medicaid Number
--

<input type="checkbox"/> Managed Care Company	Name of Managed Care Company
---	------------------------------

<input type="checkbox"/> Family Health Plus
---

**For additional information regarding Stutzman, please refer to the following documents:**

- Stutzman Brochure
- Tips Sheet
- Weekly Schedule Sample

**Additional Copies of This Form Can Be Obtained at**  
<http://www.oasas.ny.gov/atc/stutzman/admission.cfm>