

Date of Referral: ____/____/____ *Referral from provider not required*

Referring Physician: _____	Practice Name: _____
Phone #: _____	Fax #: _____
Address: _____	
Reason for Referral: _____	

PATIENT INFORMATION

Name: (Last) _____ (First) _____ (MI) _____

DOB: ____/____/____ Contact #: _____ Gender: _____

Address: _____

Emergency Contact: _____ Emergency Contact #: _____

PATIENT INSURANCE INFORMATION

Insurance Co. Name: _____ **HMO** or **PPO** (Please circle.)

Policy ID #: _____ Group #: _____

Subscriber's Name: _____ DOB: ____/____/____ SS #: _____

Please attach a copy of the patient's card.

MEDICAL HISTORY

Previous Treatment History: _____

Current Prescribed Medication: _____

Psychiatric Diagnosis: Anxiety Depression PTSD Bipolar Schizophrenia Sleep Disorder
 Other: _____

Number of Suicide Attempts: _____ Date of most recent event: ____/____/____

Number of Overdoses: _____ Date of most recent event: ____/____/____

Medical Concerns: Diabetes COPD Hypertension Seizures MRSA Asthma
 Current Pregnancy Hepatitis A/B/C Cardiovascular Issues Open Wounds/Burns
 Medical Devices (oxygen, wound vacs, CPAP) Assisted Devices (wheelchair, walker,
cane)
 Other: _____

MEDICAL HISTORY - CONTINUED

Substance Use History:

Substance	Date of last use	Route of use	Frequency	Prescribed
Alcohol				N/A
Benzodiazepines (Valium/Xanax/Klonopin/Ativan/etc.)				
Cannabis/Marijuana				N/A
Cocaine				N/A
Methamphetamine (Speed/Crystal/Ice/etc.)				N/A
Street Opiates (Heroin/Opium/Fentanyl/Suboxone/Subutex)				N/A
Prescribed Opiates (Metahadone/Suboxone/Subutex/Fentanyl/ Oxycodone/Hydrocodone/etc.)				
Tobacco (Cigarettes/Chewing Tobacco/Cigars/ E-Cigarettes/etc.)				N/A
Stimulants (Ritalin/Concerta/Vyvanse/Adderall/etc.)				
Hallucinogens (LSD/Acid/Mushrooms/PCP/Special K/ Ecstasy)				N/A
Other: (Gabapentin/Neurontin/Diet Pills/etc.)				

LEGAL ISSUES

Probation	Parole	CPS	Incarceration
County:	County:	County:	County:

Thank you for your referral to the Center for Hope and Healing. Please fill out all parts of this document. Missing information may delay admission or prevent placement on our admission list.

Questions or concerns:

Please feel free to reach out to our Admission/Intake Coordinator at **304-974-4673**.

Court-mandated clients will require a letter of mandate from the county of referral.

Title VI Rights

WVU Medicine operates its programs and services without regard to race, color, or national origin in accordance with the Title VI of the 1964 Civil Rights Act. Any persons who believes they have been aggrieved by an unlawful practice under Title VI may file a complaint with our agency.