

PHONE: **304-974-3100**FAX: **304-974-3099****751 Benefactor Drive, Morgantown, WV 26501**

Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referring Physician: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

**PATIENT INFORMATION**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact #: \_\_\_\_\_

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** **Other:** \_\_\_\_\_

**MEDICAL HISTORY - CONTINUED**

Substance Use History:

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

**LEGAL ISSUES**

Probation	Parole	CPS
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 - Michelle Gilchrist 304-598-6632

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