

**Date taken:**\_\_\_\_\_

**Staff:**\_\_\_\_\_

### **Treatment Inquiry Form**

**All Information below must be completed to inquire about Treatment:**

Name:\_\_\_\_\_

Phone Number:\_\_\_\_\_

Date of Birth:\_\_\_\_\_

SSN (last 4):\_\_\_\_\_

Health Insurance:\_\_\_\_\_

Member Policy ID:\_\_\_\_\_

Substance of Choice:\_\_\_\_\_

Date of last use:\_\_\_\_\_

***Currently Taking Suboxone, Methadone, or Naltrexone?***\_\_\_\_\_

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**All information below must be completed prior to admission:**

Frequency of Use:\_\_\_\_\_

Mental Health Diagnosis:\_\_\_\_\_

Any Treatment in the last year:\_\_\_\_\_

-If yes, did you complete:\_\_\_\_\_

Sex Offender:\_\_\_\_\_

Current Medications:\_\_\_\_\_

Ambulatory/ Special Needs:\_\_\_\_\_

Have any upcoming Court or other Appts:\_\_\_\_\_

Pregnant:\_\_\_\_\_ If so how far along:\_\_\_\_\_

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**Insurance Verified By:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Ins Results:**\_\_\_\_\_

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