

SUD Residential Treatment Intake Application

Today's Date:		Client Name:			_	
DOB:	Gende	ender Identity:		SSN:		
Phone:		Okay to leave message \square Yes \square No				
Emergency Contact N	lame/Phone:		Okay to lea	ve messa	ge □ Yes □ N	
Physical Address:		City	St	ate:	Zip:	
Mailing Address:		City	Sta	ate:	Zip:	
How Many Children, I	Under the Age of 1	8, are in Your Custo	ody:			
Living Status: □Inder□ □ Halfway House □ F		•		Home □(Group Home	
Admission Status (che	eck one): \square Volunt	ary 🗆 DHS 🗆 Cond	dition of Probation/	Parole		
Pending Charges/Cou	ırt dates: \square Yes \square	No Explain:				
Where do you plan to Are you experiencing	·					
		Substance Use and	<u>Abuse</u>			
Tobacco Use: ☐ Yes [□ No					
All substances abuse	d including alcoho	l, tobacco, illegal, a	nd prescription dru	ıgs:		
All substances abused stance: in order of rent use	Years of Use	Routes: Oral, nasal, IV	Amount per day/week		st Use	
stance: in order of		Routes:	Amount per		st Use	
stance: in order of		Routes:	Amount per		st Use	
stance: in order of		Routes:	Amount per		st Use	



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<u>iviedications.</u>	
Are you currently on in medication? $\ \square$ Yes $\ \square$ No	
List Meds:	
Will you be able to bring you medication with you? $\ \square$ Yes $\ \square$ No	

PLEASE RETURN THIS APPLICATION TO:

Health Solutions West SUD Residential Treatment Program located at 3210 E Road, Clifton, CO 81501 or EMAIL it to GJWRC_Referrals@HealthSolutionsWest.org

or FAX it to 970- 243-7297