

HUNTINGTON ADDICTION WELLNESS CENTER

INTAKE PRESCREEN

TODAYS DATE: _____ INTAKE DATE: _____

FIRST NAME: _____ LAST NAME: _____

MEMBER ID: _____

SSN: _____

ADDRESS: _____

PHONE NUMBER: _____ DOB: _____

****HAWC reserves the right to deny admission to treatment during the intake process if your answers are found to not be completely honest. Please be thorough in your responses to each question. Answering only yes/no does not give our clinician the ability to appropriately evaluate your need for a 3.1 level of care. If your answers are limited to yes/no your prescreen could be denied because of incomplete information.****

DOES MEMBER HAVE ADDITIONAL HEALTH INSURANCE? (IF YES, PROVIDE INFO)

HAVE YOU BEEN TO SUBSTANCE ABUSE TREATMENT IN THE LAST YEAR? (IF YES, WHEN/WHERE? INPATIENT? OUTPATIENT)

ARE YOU CURRENTLY USING? (IF SO, WHAT AND FOR HOW LONG?) ARE YOU HAVING CRAVINGS?

ARE YOU CURRENTLY IN WITHDRAWALS/WILL YOU BE IN WITHDRAWALS WITHIN THE NEXT WEEK?

(IF YES, POTENTIAL CLIENT DOES NOT QUALIFY FOR HAWC 3.1 LEVEL OF CARE. REFER THEM TO HIGHER LEVEL OF CARE.)

ARE YOU DIAGNOSED WITH ANY MEDICAL CONDITIONS?

DO YOU HAVE ANY PENDING LEGAL ISSUES/CHARGES?

DO YOU HAVE ANY SOCIOLOGICAL COMPLICATIONS? (HOMELESSNESS/LIVING NO WATER, NO ELECTRIC, NO SUPPORT SYSTEM, ETC.)

WILL ANY OF THESE LEGAL, MEDICAL OR SOCIOLOGICAL COMPLICATIONS KEEP YOU FROM RECEIVING TREATMENT AT AN INPATIENT FACILITY FOR UP TO 90 DAYS?

HAVE YOU BEEN DIAGNOSED WITH A MENTAL HEALTH ISSUE? WHAT MEDICATIONS ARE YOU ON?

CAN YOU READ AND WRITE?

DO YOU HAVE ANY BEHAVIORAL ISSUES? (IF SO, PLEASE EXPLAIN)

WHY DO YOU FEEL YOU ARE READY FOR/NEED INPATIENT TREATMENT? WHAT HAS STOPPED YOU FROM SUCCESSFULLY STAYING CLEAN AND SOBER UP TO THIS POINT?

DO YOU FEEL YOU ARE AT A HIGH RISK OF RELAPSE WITHOUT INPATIENT TREATMENT?

IF YOU ARE NOT ACCEPTED INTO THE HAWC PROGRAM, WHAT WOULD/DOES YOUR LIVING ENVIRONMENT LOOK LIKE? (DO YOU HAVE A RECOVERY NETWORK THAT YOU CURRENTLY UTILIZE? ARE YOU SURROUNDED BY ENABLERS? ARE YOU SURROUNDED BY USERS? DO YOU HAVE A HOME OR SOMEWHERE TO SLEEP? DO YOU FEEL LIKE YOUR LIVING SITUATION, OR LACK THEREOF, IS DANGEROUS AND IN NEED OF ADJUSTMENT TO INTRODUCE HEALTHY HABITS AND NETWORKS OF PEOPLE/PROCESSES?)

HAVE YOU EVER BEEN CONVICTED OF A VIOLENT CRIME OR SEXUAL OFFENSE? (IF SO, PLEASE EXPLAIN)

ARE YOU ABLE TO WORK? _____

DO YOU RECEIVE A CHECK? (SSI,DISABILITY,ETC.) _____

HUNTINGTON ADDICTION WELLNESS CENTER STAFF USE ONLY:

NOTES/RECOMMENDATION TO CLINICIAN

MMIS SEARCH RESULTS

HAWC STAFF SIGNATURE

DATE