

Johnston Recovery Services

INITIAL SCREENING

Scheduled Appointment: _____ **DON'T BE LATE!** Counselor: _____

INSTRUCTIONS: Provide observed UDS **to start intake process** – 15 minutes to provide. Must provide PHOTO ID. Bring proper fees (cash, credit card) cardholder must be present or Medicaid Card. The entire intake process takes several hours. Mandatory Orientation on Friday at 7:00 am.

Today's Date: _____ Phone: _____

Name: _____ JRS CLIENT ID: _____

Address: _____

Date of Birth: _____ **OVER 18?**

How long have you been abusing opiates? (over one year?) yes no

Have you ever been in treatment before? yes no when & where: _____

How did you hear about us? _____

What types of drugs are you using? (Prescription, Street Drugs, Heroin - IV User <input type="checkbox"/> yes <input type="checkbox"/> no)

This is a **BENZO FREE CLINIC**, we will work with you and your doctor to provide the best treatment.

SELF-PAY Employed? _____ **TOTAL AMOUNT FOR INTAKE: \$** _____

Methadone \$180

Methadone Transfer \$130

Buprenorphine \$200

Buprenorphine Transfer \$150

WEEKLY TREATMENT FEE: \$80 Methadone, \$90 - \$120 Buprenorphine

MEDICAID County _____ Recipient ID _____ SS# _____

What prescription medications are you taking? _____ **Bring in for nurse.**

Any recent Hospitalizations: yes no _____ Thoughts of Suicide? yes no _____

Pregnant yes no _____ HIV? _____ Current Legal Issues: yes no _____

Current mental health issues? yes no _____ If yes, explain: _____

Referred to: _____

Methadone & Buprenorphine Cautionary Note: Stop taking narcotics 12 hours before intake.

Comments: _____

Referred to: _____

JRS Signature upon Admission: _____ Date _____