

Johnston Recovery Services

INITIAL SCREENING

JRS Client # _____

Scheduled Appointment: _____ Counselor: _____

INSTRUCTIONS: Don't be late. 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. Expect to be here a couple hours.

Today's Date: _____ Phone: _____

Name: _____

Address: _____

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

Non-refundable Intake Fee \$100 **Non-refundable Transfer \$50**

Weekly Treatment Fee Methadone \$80

Buprenorphine [2 mg \$90] **[4-8 mg \$100]** **[10-16mg \$120]**

MEDICAID Insurance County: _____ Card # _____

Are you currently taking any prescription medication? _____ **Bring in for nurse.**

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

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

Referred to: _____

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

Comments: _____

JRS Signature upon Admission: _____ Date _____