Screening Form: to be asked directly to potential client

Name:____

Date of birth:____

Best contact # :____

Email Address: ____

Address:____

County of Residence:____

Do you have health insurance (circle one)? Yes No Medicaid Medicare

How did you hear about the McLeod Center?

____

What services are you seeking at McLeod Center (circle one)? 28 Day Inpatient DWI Residential

If you circled DWI Residential, have you had a DWI AX? Yes No

<u>Substance Use History</u>:

1) Have you ever been in treatment before for substance abuse? If yes, date(s), episode(s), where, for what substance(s).

2) Have you ever been to detox? If yes, date(s), episode(s), where, for what substance(s)

3) Have you ever had withdrawals from any substance? If yes, what substance(s)? Do you think you may be at risk of withdrawals from any substance at the current time?

4) Have you ever had a seizure? Yes or No. If yes, was the cause:
    a. Withdrawals?
        i. If yes, then from what substance? Benzos / alcohol / other
    b. Epilepsy?
        i. If yes, then are you on medication?
        ii. Who is your doctor?
        iii. When was last visit?

iv. What medication(s)?

c. Trauma / TBI
d. Other / unknown

5) When was the last time you used opioids, if ever? __________. Have you ever used opioids daily? If yes, how recently did you use them daily?

6) When was the last time you used benzos, if ever? __________. Have you ever used benzos daily? If yes, how recently did you use them daily?

7) When was the last time you used alcohol, if ever? __________. Have you ever used alcohol daily? If yes, how recently did you use it daily?

8) When was the last time you used cocaine in any form, if ever? _________. Have you ever used cocaine in any form daily? If yes, how recently did you use it daily?

9) When was the last time you used amphetamines (including crystal meth, adderall), if ever? __________. Have you ever used amphetamines daily? If yes, how recently did you use them daily?

10) When was the last time you used marijuana / cannabis / THC, if ever? __________. Have you ever used THC daily?

Medical History:

1) When did you last see a medical doctor? Who and for what? What is the name of your current medical provider(s)?

2) What are your medical diagnoses, if any, past and present?

3) What medications do you currently take?

4) Do you need to be taking any prescribed medications that you are currently not taking?

5) Have you ever been hospitalized? If yes, for what and dates?

6) Do you have any problems ambulating or breathing? Do you have current or regular bouts of chest pain or shortness of breath?

Mental Health History:

1) When did you last see a mental health provider, if ever? Who and for what? What is the name of your mental health provider?

2) Have you ever been hospitalized for mental illness? If yes, dates, for what diagnosis(s), episodes, where?

3) Do you take any medications for mental health currently?

4) Do you need to be taking any mental health medications that you are currently not taking?

5) Have you ever been diagnosed as having bipolar disorder? Schizophrenia?

6) Have you ever had hallucinations (seen or heard things that are not there)?

7) Have you ever attempted suicide? Do you currently have any thoughts of hurting yourself or anyone else?

How did you hear about McLeod Center?____

Why do you want to enter treatment?

____

____

____

Sending your referral:

***Providers: Please include in your fax: completed McLeod Referral form, clinical assessment and/or mental status examination, and most current medication list.

You can send your information to the McLeod Referral fax at 704-972-2086, Attention: Michelle Barker

If you do not have access to a fax machine feel free to email your information to: michelle.barker@mcleodcenter.com