



INITIAL TREATMENT INQUIRY

(To be completed upon initial inquiry for program services – Print only)

Inquirer's Name (optional) _____ DATE _____ Inquirer's Phone: _____

The program was contacted by: Phone Walk-in Email

How did you hear of C.A.R.S.? Phone Book Internet Other: _____

DOB: _____ Male Female User Type: IV Oral Nasal

Do you have a valid Texas DL/ID? YES NO Is this clinic convenient? YES NO

Have you been incarcerated in the last 6 months? YES NO Where? _____

What drugs are you using?

Drug(s)	How often do you use?	How long have you been using this drug?

Are you currently taking any prescription medications? YES (If yes, list on back of form) NO

Have you used: alcohol methamphetamine cocaine/crack in last 30 days?

Currently using Methadone? YES NO If yes, Street Prescription

Do you have a job? YES NO Can you afford treatment? YES NO

Explain Intake Fee & Weekly Fee. (\$120.00 Admission, \$77 weekly)

Explain Counseling And Recovery Services does not accept insurance.

Methadone Treatment requires daily attendance. Can you arrange for transportation? YES NO

Prior treatment experiences? When _____ Name of Facility _____

Do you require special accommodations due to a disability? YES NO

If required, what type of special accommodation(s) is needed? _____

Will you require assistance filling out the forms if you are admitted? YES NO

=====

Documentation of Addiction

- Track marks (old & new)
- Treatment records
- Print outs from pharmacy
- Letters of addiction documentation

Action taken: Appointment scheduled for Intake Date/Time _____
Email _____

*** Patient was advised to call the day before his/her appointment by 11:00 am to confirm appointment? YES NO
 Referred out. Referral made to _____
Rationale for outside referral _____

Staff Signature _____ Date _____

Was Patient called the day before the appointment? YES NO By whom? _____

Was Patient Admitted? YES NO Patient # _____ Date/Admission _____

PRESCRIPTION MEDICATIONS CURRENTLY USED:

Drug Name

Dosage

Directions to use
