

Institute for Health and Recovery, 349 Broadway, Cambridge, MA 02139
Phone Screening for Family S/L and Treatment Programs (revised 11/17)

I have informed the applicant that in order to facilitate her/his access into treatment; I may need to share information with IHR, DCF, DPH/BSAS, the treatment program, and other relevant staff and agencies. The applicant has provided his/her consent. Initials _____

Access Interview: _____ **Program Interview Date:** _____
Referral Date: _____ **Admission Date:** _____
Program Name: _____ **Discharge / Refusal Date:** _____
Reason for Discharge: _____
Transfer Date: _____

Residential **Sober Living**
Pregnant **Post-Partum** **Reunification** **per DCF** **Family** **Friend**
Opioid Tx. _____

1) Client Information

Date _____ Name _____

SSN _____ Primary language _____ Race _____

Current Address _____

Phone Number(s) () _____ () _____

Previous Address _____

Emergency Contact _____ Relationship _____

Phone Number(s) () _____ () _____

What is your marital status? _____

Education/Last grade completed _____

What is your current Living Situation? _____

Pregnant Women's Questions

Due date _____

How far along are you in your pregnancy? _____

Is baby's father involved? _____

Number of pregnancies? _____

Vaginal Births _____ C-sections _____

Miscarriages _____ Abortions _____

Number of children? _____

List children's ages: _____

Who has custody of the children? _____

Do you have DCF involvement with other children? If yes, what office?

| | |
|--------------------|--|
| DCF - Office | |
| Social Worker name | |
| Telephone # | |

Who referred you to IHR?

| | |
|--------------|--|
| Program name | |
| Case Manager | |
| Telephone # | |

Are you on Methadone/Suboxone/Subutex?

| | |
|-----------------------|--|
| Clinic name | |
| Address & Telephone # | |
| Case Manager | |
| Dosage | |

Have you used during this pregnancy? _____

When was your last pre-natal visit? _____

Who is your doctor/clinic? _____

Are you taking pre-natal vitamins? _____

Any problems during this pregnancy? _____

2) **Family Composition:** Adults _____ Children _____

| Name | Relationship | Custody | DOB/ Age | M/F | Reunify | Mother/Father's Name |
|---------------|--------------|---------|----------|-----|---------|----------------------|
| Client | | | | | | |
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Do you presently have a DCF action plan? __Y __N __Unsure

If yes, which children does it cover? _____

Is reunification the goal of the DCF action plan? __Y __N

Are you under DCF investigation because of an open 51A? __Y __N

| | |
|--------------------|--|
| DCF - Office | |
| Social Worker name | |
| Telephone # | |

Do you have DCF involvement with other children? If yes, what office?

| | |
|--------------------|--|
| DCF - Office | |
| Social Worker name | |
| Telephone # | |

Notes: _____

3) Substance Use History

| Substance Used | Age 1st use | Last use | Freq. of use | How used | Amount used |
|---|-------------|----------|--------------|----------|-------------|
| Alcohol | | | | | |
| Cocaine | | | | | |
| Crack | | | | | |
| Heroin | | | | | |
| Marijuana | | | | | |
| Tobacco | | | | | |
| Other Opiates(OxyContin, Percocets, Vicodin) | | | | | |
| Hallucinogens(LSD, Mescaline, Ecstasy, Mushrooms) | | | | | |
| Methamphetamine (Crystal Meth) | | | | | |
| Amphetamines(Dexedrine, Benzedrine, Adderall) | | | | | |
| Benzodiazepines(Librium, Valium, Xanax, Klonopin) | | | | | |
| Tranquilizers | | | | | |
| Sedatives | | | | | |
| Inhalants | | | | | |
| Other: | | | | | |

Have you ever overdosed? Y N If so, what substance? _____

How many times? _____ When was your last overdose? _____

Are you prescribed an Opioid Tx.? Y N if yes, name of tx., dose, name of the clinic, case manager & phone #

When was the last drug screening received? _____ Results _____

4) Substance Use and Mental Health Treatment History

| Type of Treatment | # Times | Approx. dates of tx. episode(s) | Hospital or Program Name | Completed ? Y/N |
|-------------------|---------|---------------------------------|--------------------------|-----------------|
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Longest period of sobriety/How have you achieved it? _____

5) Legal Issues

Describe all that apply. Do you have: Open court cases? Probation? Outstanding court fines? Recent restraining orders on file? _____

6) Domestic Situation/History

Is there a history of domestic violence (physical, emotional/verbal, sexual) or abuser? Might this influence where you move to/are placed? **Notify applicant that disclosing her location could result in loss of placement.**

7) Medical/Mental Health Situation

Type of health insurance: Applicant _____ Child(ren) _____

Have you been diagnosed with any medical or mental health conditions? Do you have allergies?

History of Psychiatric Hospitalization:

Do you take prescribed medications? If yes, list below: _____

If you take prescribed medications, what is the name of your prescriber and phone number?

Any history of suicide attempts? If yes, describe: _____

Do you or your child(ren) need accessible accommodations? If yes, describe: _____

Has your child(ren) been diagnosed with any medical or mental health conditions? Does your child(ren) have allergies? _____

Please include the child(ren)'s school/pediatrician/medication: _____

Does your child(ren) receive any special services? If yes, list below: _____
