

RESADA REFERRAL

EMAIL: resada@resada.net

FAX: (719) 456-2606

Name of Person Filling out Referral _____

Referral Agency/Person _____ Agency Phone :(____) _____ - _____ DATE: _____

PAYER _____ MEDICAID # _____

ARE YOU ON PROBATION OR PAROLE? YES NO ARE YOU COURT ORDERED TO RESADA FOR TREATMENT? YES NO

DOES CLIENT HAVE ANY OPEN COURT CASES: YES NO COURT DATES: _____

(COURT CASES MUST BE RESOLVED OR SCHEDULED BEFORE OF AFTER TREATMENT)

DOES CLIENT HAVE ANY OUT OF STATE OFFENSES: YES NO

If yes to OUT OF STATE, approval by Interstate Compact Office needed prior to admission. Do not give bed date without ICO approval. Do not indicate any type of acceptance into the program.

Client Name _____ DOB _____

Address _____ County _____

PHONE _____ HOUSEHOLD INCOME _____ SEX: M F Other N/A

IF FEMALE, IS CLIENT PREGNANT Y N TRIMESTER _____ DEPENDENT CHILDREN: YES NO

PRIMARY SUBSTANCE OF ABUSE _____ ANY IV DRUG USE Y N

When did you last use any substance _____

Medical/Dental Concerns _____

Medications: _____

Communicable diseases? TB Y N Hepatitis Y N Other _____

Psychological/Mental Health issues _____

Medications: _____

Any impairments such as: Sight hearing mobility language barrier Other _____
(circle those that apply) (Other related information)

TELL AGENCY AND/OR CLIENT

1. Colorado Drivers License or Colorado Photo ID, Social Security Card and medical insurance card are required
2. Client responsible for own transportation to and from RESADA
3. Client needs to take care of all MEDICAL, DENTAL, OR LEGAL AFFAIRS PRIOR TO ARRIVAL TO RESADA. Client should bring 30-day supply of any prescription medications.
4. Client should bring new over the counter medication, notebook/paper, pens with clear barrels/wooden pencils.
5. Client can NOT bring: Blanket, pillow, towels, NO RADIOS, STEREOS, TV'S, COOKING DEVICES, CELL PHONES, COMPUTERS, TWO-WAY RADIOS, PAGERS, WALY-TALKIES, CAMERS, CD/DVD/VHS/CASSETTE PLAYERS/RECORDERS, MP3, LAMPS, ETC.
6. Client clothing is limited to that amount considered as reasonable for a 7-day period of time.
Crop tops, tank tops, halter tops, uncovered sport bras, muscle shirts, "short shorts, shorts, cut-offs, spandex shorts/tights, or any Clothing overly exposing portions of the human body are not allowed.
7. THIS IS A TEMPORARY ACCEPTANCE-client evaluated after arrival for final acceptance.
8. CLIENT MUST CALL IN WEEKLY TO RETAIN BED DATE-- IF NO CALL, CLIENT WILL BE REMOVED FROM WAITING LIST.
9. DO NOT BRING FOOD OR BEVERAGES.

_____ For Administration and Financial Department use only

ACCEPTED: YES NO

Date to arrive at RESADA _____ Name of person completing this form _____