



Phone: (304) 241-4000 and (304) 241-4219 Fax: (304) 212-5141

Address: 20 Scott Avenue Suite 301 Morgantown, WV 26508

Lauren's Wish Addiction Triage Center Referral Form

REFERRAL TO:	REFERRAL FROM:
Name:	Name:
Address:	Address:
Phone #:	Phone #:

Date of Referral:	
Individual's Name:	
Date of Birth:	Sex: ___ Male ___ Female
Insurance Carrier:	
Reason for Referral (Specific Information):	

Other Known Medical Conditions/Concerns:	

Current or Pending Legal Problems? ___ Yes ___ No	
If yes, please explain: _____	



What State/County? _____

What are the charges? _____

Does a Lauren's Wish ATC Staff need to contact your probation or parole officer? ____ Yes
____ No

Please provide contact information: _____

Current or Pending CPS case? ____ Yes ____ No

If yes, please explain: _____

What State/County? _____

What are the charges? _____

What are you current living conditions? _____

Employed? ____ Yes ____ No If yes, where? _____

Any immediate family members with substance abuse or prescribed opioids or alcohol?
____ Yes ____ No

If yes, who? _____

SUBSTANCE INVOLVEMENT

a. Tobacco products (cigarettes, chewing tobacco, cigars, e-cigarettes, etc.)? ____ Yes
____ No

If yes, how many years? _____

How old were you when you started? _____

Frequency? _____ Route of use: _____

b. Alcoholic beverages? ____ Yes ____ No

If yes, how many years? _____

How old were you when you started? _____

Frequency? _____ Route of use: _____



- c. Cannabis? Yes No
If yes, how many years? _____
How old were you when you started? _____
Frequency? _____ Route of use: _____
- d. Cocaine? Yes No
If yes, how many years? _____
How old were you when you started? _____
Frequency? _____ Route of use: _____
- e. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills and etc.)?
 Yes No
If yes, how many years? _____
How old were you when you started? _____
Frequency? _____ Route of use: _____
- f. Methamphetamine (speed, crystal meth, ice, etc.)? Yes No
If yes, how many years? _____
How old were you when you started? _____
Frequency? _____ Route of use: _____
- g. Inhalants (nitrous oxide, glue, gas, paint thinner) Yes No
If yes, how many years? _____
How old were you when you started? _____
Frequency? _____ Route of use: _____
- h. Sedative or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, and etc.)? Yes No
If yes, how many years? _____
How old were you when you started? _____
Frequency? _____ Route of use: _____
- i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, and etc.)? Yes No
If yes, how many years? _____
How old were you when you started? _____
Frequency? _____ Route of use: _____
- j. Street opioids (heroin, opium, and etc.)? Yes No
If yes, how many years? _____
How old were you when you started? _____
Frequency? _____ Route of use: _____



k. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], Methadone, buprenorphine, etc.)?

___Yes ___No

If yes, how many years? _____

How old were you when you started? _____

Frequency? _____ Route of use: _____

l. Other – specify: _____

How many years? _____

How old were you when you started? _____

Frequency? _____ Route of use: _____

MEDICAL HISTORY

Previous Treatment History: _____

Current Prescribed Medication: _____

Psychiatric Diagnosis: ___Anxiety ___Depression ___PTSD ___Schizophrenia ___ Sleep Disorder Other: _____

Number of Suicide Attempts: _____ Date of recent event: _____

Number of Overdoses: _____ Date of recent event: _____

Medical Concerns (please circle the ones that apply):

- a. Diabetes
- b. COPD
- c. Hypertension
- d. Seizures
- e. MRSA
- f. Asthma
- g. Current Pregnancy
- h. Hepatitis A/B/C
- i. Cardiovascular Issues
- j. Open Wounds/Burns



- k. Medical Devices (oxygen, wounds vac, CPAP)
- l. Assisted Devices (wheelchair, walker, cane)
- m. Other _____

Thank you for your referral to the Lauren's Wish Triage Center. Please fill out all parts of this document. Please feel free to reach out to the Office Manager at laurenswishmanagement@gmail.com.

Title VI Rights

Lauren's Wish Addiction Triage Center operates its programs and services without regard to race, color, or national origin in accordance with the Title VI of the 1964 Civil Rights Act. Any persons who believes they have been aggrieved by an unlawful practice under Title VI may file a complaint with our agency.