



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

<b>REFERRAL FROM (Your Facility):</b>
<b>NAME:</b>
<b>ADDRESS:</b>
<b>PHONE NUMBER:</b>

<b>GENERAL DATA</b>		
<b>Date of Referral:</b>		
<b>Individual Being Referred:</b>		
<b>Form(s) of Identification:</b>		
<b>Date of Birth:</b>	<b>Age:</b>	<b>Gender:</b>
<b>Social Security Number:</b>		
<b>What is your current living situation?</b> _____		
<b>Insurance Carrier:</b>		
<b>Insurance Policy Number:</b>		
<b>Reason for referral:</b> _____ _____ _____		
<b>Have referrals been sent to other facilities? ___ Yes ___ No</b> If yes, please list where and a contact number _____ _____ _____		



## MEDICAL/HEALTH INFORMATION

**Please Select all Medical Conditions and Concerns**

Diabetes \_\_\_\_\_ COPD \_\_\_\_\_ Hypertension \_\_\_\_\_

Seizures \_\_\_\_\_ MRSA \_\_\_\_\_ Asthma \_\_\_\_\_

Hepatitis A/B/C \_\_\_\_\_ HIV \_\_\_\_\_

Sexually Transmitted Diseases (*if yes please list*) \_\_\_\_\_

Cardiovascular Issues \_\_\_\_\_ Open Wounds/Burns \_\_\_\_\_

Medical Devices (oxygen, wounds vac, CPAP) \_\_\_\_\_

Assisted Mobility Devices (wheelchair, walker, etc.) \_\_\_\_\_

COVID \_\_\_\_\_ Flu \_\_\_\_\_

Other \_\_\_\_\_

**Have You Received a COVID vaccine? \_\_\_ Yes \_\_\_ No**

If yes, please list type and date to the best of your ability

**Please List All Mental Health Diagnosis:**

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**Current Medications/Dosage:**

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**Have You Ever Attempted Suicide? \_\_\_ Yes \_\_\_ No**

If yes, please list dates and methods

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**Are you currently receiving treatment for addiction or psychiatric conditions?** (Outpatient Services, Assertive Community Treatment, Therapy, etc.) \_\_\_ **Yes** \_\_\_ **No**

If yes, where at and for what:

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**Do you have any food allergies or, are you allergic to any medications?** \_\_\_ **Yes** \_\_\_ **No**

If yes, please list to the best of your ability

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### SUBSTANCE USE HISTORY

Drug Name	Frequency Of Use	Date Of Last Use
Benzodiazepines (Valium, Xanax, Ativan, Ect.)		
Marijuana		
Cocaine/Crack		
Heroin		
PCP		
LSD		
Amphetamines (Speed)		
Barbiturates (Downers)		
Inhalants		
Opiates (Pain Killers)		
Methadone/Suboxone		
Alcohol		
Tobacco/Nicotine		
Other:		

**Have you used IV drugs in the last 6 months?** \_\_\_ **Yes** \_\_\_ **No**

If yes, when was the last use?

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**Have you ever overdosed? \_\_\_ Yes \_\_\_ No**

If yes, please explain when and the dates to the best of your ability:

\_\_\_\_\_

\_\_\_\_\_

**Do you use tobacco or nicotine products? \_\_\_ Yes \_\_\_ No**

If yes, please describe the type and how long you have used

\_\_\_\_\_

\_\_\_\_\_

**PREVIOUS TREATMENT FOR ADDICTION**

Date	Type of Treatment	Facility Name	Program Length (Completed)	How long were you abstinent after completion?

**Longest period of continuous abstinence from drugs/alcohol: \_\_\_\_\_**

**LEGAL HISTORY**

**Do you have any prior criminal charges? \_\_\_ Yes \_\_\_ No**

If yes, please list charges and dates to the best of your ability

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have any current/pending charges? \_\_\_ Yes \_\_\_ No**

If yes, please list them

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Do you have a court date?** \_\_\_ Yes \_\_\_ No

If yes, what is the date \_\_\_\_\_

**Are you on Probation/Parole?** \_\_\_ Yes \_\_\_ No

**County of Probation/Parole** \_\_\_\_\_

**Probation/Parole Officer** \_\_\_\_\_

**Probation/Parole Officer Number** \_\_\_\_\_

### **FAMILY INFORMATION**

**Do you have children?** \_\_\_ Yes \_\_\_ No

If yes, please list name, age, gender

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you answered yes to the above question, please answer the following

**Who has custody?** \_\_\_\_\_

**Current/Pending CPS case** \_\_\_ Yes \_\_\_ No

If yes, please describe

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your referral to Lauren's Wish Triage Center. Please fill out all parts of this document and email to [referrals@laurenswish.org](mailto:referrals@laurenswish.org) or fax 304-212-5141. If you have any questions, please feel free to contact us.

#### **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.