

Substance Use Disorder Services Referral Form

Name: _____ DOB: _____ SS#: _____

Address: _____ Phone #: _____

Gender at Birth: Male Female Gender Identity: _____

Preferred Pronoun: She/Her He/His They/Them Ze/Hir Ze/Zir

Insurance: MCD MCR UHC FID TRI BCBS EMP OTH: _____ ID #: _____

Brief Substance Use History

	Substance	Primary Route	Last Used	Amount Used	Frequency	Age Use Began
Primary Substance						
Secondary Substance						
Tertiary Substance						

Brief Medical and Mental Health History

Past Medical History: _____

Mental Health History: _____

Medications: _____

Currently on MAT (Medication Assisted Therapy) program? No Yes

Details: Medication/Dose and Prescribing MD: _____

History of suicidal or homicidal ideations or gestures? No Yes

Details: _____

Legal Involvement? No Yes Type: Probation Parole Current/Pending Charges

Details: _____

Any preference for Male or Female Counselor? Male Female No Preference

We incorporate pet therapy into treatment, any concerns or fear of dogs? No Yes

Details: _____

Referral Source and Contact Info: _____

Service Locations

Inpatient Detoxification Services

77 West Barney Street, Gouverneur, NY 13642
315.261.5969; Fax: 315.535.9444

1 Hospital Drive, Massena, NY 13662
315.842.3076; Fax: 315.769.4756

Inpatient Substance Use Disorder Services:

20 Cottage Street, Potsdam, NY 13676
315.261.5954; Fax: 315.261.6422

Outpatient Substance Use Disorder Services

12 Elm Street, Potsdam, NY 13676
315.353.2572; Fax: 315.353.2479

77 West Barney Street, Gouverneur, NY 13642
315.261.6333; Fax: 315.261.6350

SLHSrecovery.org

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