

Name: _____ Date of Birth: _____
 Phone #: _____ SS#: _____
 Insurance Plan: MCD MCR UHC FID TRI BCBS EMP OTH: _____
 Insurance Policy #: _____

| | Substance | Primary Route | Last Used | Amount Used | Frequency | Age use began |
|---------------------|-----------|---------------|-----------|-------------|-----------|---------------|
| Primary Substance | | | | | | |
| Secondary Substance | | | | | | |
| Tertiary Substance | | | | | | |

Brief History of Substance Abuse

Brief Medical and Mental Health History

| | |
|--------------------------------------|---------------------------------------|
| <u>Past Medical History:</u> | <u>Prescribed Medications:</u> |
| <u>Mental Health History:</u> | <u>Prescribed Medications:</u> |

Currently on MAT (Medication Assisted Therapy) program: Yes No
 Medication/Dose and Prescribing MD:

History of Suicidal or Homicidal Ideations/Gestures: Yes No
 When, and what happened, any other important information:

Legal Involvement: Yes No

Inpatient Detoxification Services

77 West Barney Street, Gouverneur, NY 13642 (315) 261-5969 Fax: (315)-535-9444

Inpatient Substance Use Disorder Services:

20 Cottage Street, Potsdam, NY 13676 (315)-251-5954 Fax: (315)-261-6422

Outpatient Substance Use Disorder Services

12 Elm Street, Potsdam, NY 1376 - (315) 353-2572, Fax: (315) 353-2479

77 West Barney Street, Gouverneur, NY 13642 - (315) 261-6333, Fax: (315) 261-6350

www.SLHSrecovery.org

Probation, Parole, Current or Pending Charges:

**Preference of Male or Female Counselor? YES NO Preference: MALE
FEMALE**

Referring Agency/Staff Name, and Phone Number:

Contact Information:

Rehab Intake Staff: Danielle Lenney
Phone: (315) 261-5954 option 1 Fax: (315) 261-6422 email:
Dlenney@cphospital.org

CPH Outpatient Intake Staff: Danielle Hunter, Courtney Murray
Phone: 315-353-2572 option 1 Fax: 315- 353-2479 email: dhunter@cphospital.org,
crmurray@cphospital.org

GH outpatient Intake Staff: Kellie Cook
Phone: 315-261-6333, Option 1. Fax: 315-261-6350 kcook@gvnrhospital.org

GH Detox intake: Melissa Averill
Phone: (315) 261-5969 Fax: (315)-535-9444 maverill@cphospital.org,

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