

Johnston Recovery Services

INITIAL SCREENING

Scheduled Appointment: _____ **DON'T BE LATE!** Counselor: _____

INSTRUCTIONS: Provide observed UDS **to start intake process** – 15 minutes to provide. Must provide PHOTO ID. Bring proper fees (cash, credit card) cardholder must be present or Medicaid Card. The entire intake process takes several hours. **Mandatory Orientation Friday at 7:00 am.**

Today's Date: _____ Phone: _____

Name: _____ JRS CLIENT ID: _____

Address: _____

Date of Birth: _____ **OVER 18?**

How long have you been abusing opiates? (over one year?) yes no

Have you ever been in treatment before? yes no when & where: _____

How did you hear about us? _____

What types of drugs are you using? (Prescription, Street Drugs, Heroin - IV User <input type="checkbox"/> yes <input type="checkbox"/> no)

This is a **BENZO FREE CLINIC**, we will work with you and your doctor to provide the best treatment.

MEDICAID County _____ Recipient ID _____ SS# _____

GRANT County _____ Wake, Johnston, Durham, Cumberland Only Insurance? _____

SELF-PAY Employed? _____

WEEKLY TREATMENT FEE: \$80 METHADONE \$120 BUPRENORPHINE

What prescription medications are you taking? _____ **Bring in for nurse.**

Any recent Hospitalizations: yes no _____ Thoughts of Suicide? yes no _____

Pregnant yes no HEP C? _____ HIV? _____ Current Legal Issues: yes no _____

Current mental health issues? yes no _____ If yes, explain: _____

Methadone & Buprenorphine Cautionary Note: Stop taking narcotics 12 hours before intake.

Comments: _____

Referred to: _____

JRS Signature upon Admission: _____ Date _____