**Screening Tool**

Phone or In Person?      Screening completed by:

Information provided by:

OUTPATIENT REFERRAL LOC: [ ]  EI [ ]  OP [ ]  IOP REFERRAL PAPERWORK RECEIVED? Y[ ]  N[ ]

-or-

ASSESSMENT REFERRAL: [ ]  SELF [ ]  DUI [ ]  PAROLE/PROBATION [ ]  BCC [ ]  BLOOM

 [ ]  LCDA REFERRAL VIA E-MAIL (LCAP OR CYS)

Name:      Date:

Address:       Cell Phone:

       (can we text?) Y[ ]  N[ ]

 Home Phone:

City:       ` State:       Zip:       E-mail:

Can we identify? Y [ ]  N [ ]  DOB:       Gender:       Race:

County:       SS#:

Do you have Medical Assistance? Y[ ]  N[ ]

Y[ ]  N[ ]  BHLE - LEHIGH COUNTY BEHAVIORAL HLTH

Y[ ]  N[ ]  BHNH – NORTHAMPTON CO BEHAVIORAL HLTH

If Medical Assistance other than Lehigh County or Northampton County or NO Medical Assistance:

[ ]  LEHIGH COUNTY DRUG & ALCOHOL FUNDING (Lehigh County residents)

 Y[ ]  N[ ]  DO YOU HAVE PROOF OF RESIDENCY IN LEHIGH COUNTY (photo ID or utility bill)

 Y[ ]  N[ ]  DO YOU HAVE INCOME (wages, unemployment, social security, etc..)

 **Both of these are required for LCDA funding. Client must provide copies of both at appointment.**

 **LCDA will NOT fund for an assessment due to a DUI – self pay if no Magellan.**

[ ]  NORTHAMPTON COUNTY DRUG & ALCOHOL FUNDING (Northampton County residents)

 **NO REQUIREMENTS**

 **NCDA will NOT fund for an assessment due to a DUI – self-pay if no Magellan.**

 [ ]  MEDICARE ADVANTAGE

Y[ ]  N[ ]  IF YES – Can the caller provide LCDA or NCDA required documents: Y[ ]  N[ ]  IF NO – client must self-pay

**SELF PAY / OUT OF POCKET:**

Y[ ]  N[ ]  PRIVATE/COMMERCIAL INSURANCE – we do not take private/commercial insurance

Are you on a special contract/State Parole? Y[ ]  N[ ]  TCAP [ ]  BCC [ ]  Other[ ] :

*Allentown Outpatient staff only: If client does not have Medical Assistance but is on State Parole,*

*a referral must be received from State Parole before scheduling.*

Are you a veteran? Y [ ]  N[ ]  Branch?       Dates served?       Type Discharge:

Have you had an assessment? Y[ ]  N[ ]  Date:       Where:

Have you ever received treatment before?       If yes, where, when and what kind?

Do you have any open charges or pending hearings? Y [ ]  N[ ]  If yes, where:

Feeling homicidal or suicidal?       **If yes, Transfer call to available counselor - Crisis Numbers -- Lehigh County (610) 782-3127 Northampton County (610) 252-9060**

Are you experiencing any medical complications that you feel may require emergency care? Y[ ]  N[ ]  **If yes, hang up the phone and call 911 or go to the nearest ER.**

Have you ever overdosed? Y [ ]  N[ ]  Number of times:       When:

Are you currently in treatment with another agency or professional? (This includes CRS, MH tx) Y[ ]  N[ ]

If yes, where?

If employed, what shift/hours do you work?

**Access to tele-health:**

Do you have access to a device that allows video chat (smart phone, laptop or desktop with a camera) Y[ ]  N[ ]

Are you able to navigate video chat on your device: Y[ ]  N[ ]

Do you have a valid e-mail address (make sure it is listed above)? Y[ ]  N[ ]

Screener Only: Is this person appropriate for telehealth services? Y[ ]  N[ ]

Are you currently on any medications (This includes MAT)? Y[ ]  N[ ]  If yes, please list medications:

Do you have a medical marijuana card? Y[ ]  N[ ]  If yes; card must be current & presented at appointment

If Vivitrol, when was last dose administered?

Who is prescribing the medications?

If the issue is drugs and alcohol:

What is your drug(s) of choice?

How do you use the drug (s)?       Last date of use?

Are you on Probation/Parole? Y[ ]  N[ ]  Supervising Officer:

Are you pregnant? Y[ ]  N[ ]

Mother with children in care? Y[ ]  N[ ]

Are you receiving prenatal care? Y[ ]  N[ ]  Have you given birth within the last 28 days? Y[ ]  N[ ]

[ ]  Pregnant addicted women -- need to be seen 14 days after requesting admission or if there is limited capacity that requires delay of services beyond 120 days, than interim services will be made available to individual no later than 48 hours after request -- including counseling about effects of alcohol and drug use on the fetus and referral for prenatal care if necessary.

**To Be Completed By TTI: Allentown Outpatient Staff Only**

Is the client priority population (IV Drug User, Overdose Victim, Pregnant Female, or Veteran)? Y[ ]  N[ ]

Inform all clients who call and check off that you have mentioned:

[ ]  You can call AA and/or NA for meetings and support.

[ ]  You are welcome to stop by our office for AA, NA meeting lists.

[ ]  Client is to call if there is a crisis.

[ ]  IV drug users -- need to be seen 14 days after requesting admission, if delay is beyond 120 days then interim services will be made available to individual not later than 48 hours after the request.

Suggest interim services for D/A to reduce adverse health consequences, risk of transmission of disease, options through the Allentown Health Bureau -- counseling and education about HIV and TB, risks of needle sharing, risks of transmission to sexual partners and infants, steps taken to ensure HIV,TB transmission does not occur.

**Appointment with:** **Date:** **Time:**

**\*\*If client cannot be seen within 7 days, please specify the circumstance.**

[ ]  Client preference

[ ]  Available counselor appointment

[ ]  Other

**If** no appointments within 7 days please make sure you give the following phone numbers:

* Pyramid 610-434-1126
* Mid-Atlantic Rehabilitation Services (MARS) 610-419-3101
* Hispanic American Organization (HAO) 610-435-5334