

Screening Form
NorthCare Substance Abuse CDR

09/13/2006 08:17 AM

Client First Name:	Mickey	Client Last Name:	Mouse
SSN:	123-45-6789	Date of Birth:	01/01/1932
Phone:	1-800-disney	42CFR2 Administered?:	Yes
County of Residency:	Marquette	How Long?:	3 months
Household Income:	\$20,000 (Self and Spouse - family size 2 100 % funding)	Sliding Fee Eligible?:	Yes
Mental Health:	No	Mental Health Comments:	
Tx Immediately:	Yes	TX Immediately Comments:	
PS/Court Involvement:	No	PS/Court Involvement Comments:	
Currently in SA Treatment?:	Yes	Currently in SA Treatment Comments:	Client currently seeing a counselor at GLRC OP-- After 8 visits, Client and counselor agree higher LOC is needed. Counselor has left her recommendation in CDR Clinician's voice mail.

General Comments:

Medicaid Eligible:	No	Medicaid #:	No medicaid per medifax
Other Insurance:	None	Medicare Eligible:	No
Pregnant-Urgent:	No	IDU-Last 30 Days-Urgent:	No
Seeking Intensive Tx:	Yes	Prior Treatment:	Yes
Lite ASI:	Yes	CDR Assessment:	No
Appointment Type:	3. Lite	Appointment Status:	2. Completed
Funding Source/Insurance:	1. Block Grant		

Was Assessor able to contact Provider with Client on phone?:

Add comment, if no:

Was Timely Admission Able to be Offered by Provider?

Level and Options Given After Screening:	No	Level Recommended:	
Did Client Attend Tx?:	No	Initials:	
Agency:		Date Admitted:	01/01/1111
Was Admission Timely:	No	Provider:	
Comments:			

Created by:	Kathryn Lyman/ADMIN/AMCMHC	Reservation Link:	
Appointment with:	Carol Easton/Assessment/Marquette CDR	Appointment Date:	09/12/2006
		Time:	04:30:00 PM