

## Referral Form

### Demographics

Today's Date:	
Caller Name/Phone/Email Relationship:	
Potential Client's Name:	
DOB and AGE:	
Gender:	
Probation Officer	Name: Email Phone number:
Parent/Guardian Information	
Social Security Number:	
Primary Insurance Provider:	Member ID: Name of Insured: DOB of Insured: <b><i>Please provide copy of Insurance Card.</i></b>
Secondary Insurance Provider:	Member ID: Name of Insured: DOB of Insured: <b><i>Please provide copy of Insurance Card.</i></b>
Current Address & County:	
Circle One	Former Resident or Referral

### Presenting Issues

Reason for Referral (Describe current situation)	
Current living situation (Where, with whom, address, phone number)	

### Substance Use History

List all substances used, duration of use and typical amount used. Including alcohol, prescription drugs and illicit drugs.	Substance, duration (daily/weekly, etc), amount	Estimated date of last use
Date & amount of last use of any substance. Describe any current withdrawal symptoms.	Last substance used & amount	Date used
Has he/she ever used intravenous drugs? If yes, when and how often?		

### Treatment History

Name, dates and length of stay at any out of home treatment placements (detox, RTC, sober living, halfway houses). Did he/she discharge successfully?	Name and type of treatment center (RTC, detox, sober living, etc) and successful/unsuccessful discharge		Dates of Treatment Stay
Any use of medically assisted treatment (MAT)? (Suboxone, Methadone, Vivitrol) If yes, please list provider and outcome *If	Type of MAT and outcome	Dates of use or current use	

Name, dates and length of stay at any out of home treatment placements (detox, RTC, sober living, halfway houses). Did he/she discharge successfully?	Name and type of treatment center (RTC, detox, sober living, etc) and successful/unsuccessful discharge		Dates of Treatment Stay
currently using MAT list type and dosage			
List any other medications he/she has been on or is currently taking (including birth control)			

**Legal Background**

Juvenile Justice or Adult Criminal System involvement (please list arrests and charges/convictions)			
<input type="checkbox"/> Assessment with criminal charges received	<input type="checkbox"/> NM Courts Record Reviewed (if applicable)		
Date of most recent arrest and reason (Note if currently in detention).			
List any restraining orders, orders of protection, court dates, etc.			
<p>The fees for our services are free for New Mexico residents.</p> <p>The cost for non-residents is \$6,000 per month.</p>	<p>Spoke to _____ about fees.</p> <p>Employee initials: _____</p>		

**This information and referral form can be faxed to: (505) 877-3951**

PATIENT CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, authorize Serenity Mesa

to disclose to: \_\_\_\_\_, the following information;

- |   |  |
|---|--|
| <input type="radio"/> Case Management         | <input type="radio"/> Discharge Summary      |
| <input type="radio"/> Clinical Assessment     | <input type="radio"/> Lab Results (UAs)      |
| <input type="radio"/> Clinical Progress Notes | <input type="radio"/> Treatment Compliance   |
| <input type="radio"/> Clinical Treatment Plan | <input type="radio"/> Treatment Team Summary |

Other: \_\_\_\_\_

The purpose of the disclosure authorized herein is to: \_\_\_\_\_

\_\_\_\_\_

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ or upon discharge.

\_\_\_\_\_  
(Date) (Print Name) (Signature of Participant)

\_\_\_\_\_  
(Date) (Print Name) (Signature of Parent, Guardian or Authorized Rep. when required)

## Financial Q&A

Serenity Mesa Youth Recovery Center is a private non-profit agency whose purpose is to provide substance abuse services to youth, ages 14 to 21 and their families.

### Is there a charge to stay at Serenity Mesa?

- *Services for NM Residents is **free**.*
- *Non-resident fee is \$6,000 per month.*
- *What information do I need to bring?*
  - *When you have been scheduled for your interview with the Intake Coordinator you will need to bring the following paperwork:*
    - *Insurance: You will need to bring a current Insurance Card and must provide us with a current card.*
- *For non-residents ONLY.*
  - *Can I make payment arrangements?*
    - *Yes, this can be discussed with the intake coordinator dependent on circumstances.*
  - *When will I be billed each month?*
    - *Payment is due each month by the 1<sup>st</sup>. Late payments will be assessed a late fee if not paid by the 5<sup>th</sup> of each month. A late fee of \$15 dollars will be assessed if late.*