Scioto Paint Valley Mental Health Center
4449 ST RT 159, Chillicothe, Ohio 45601

Rulon Center (Men): Phone: (740) 672-2401, Fax: (740) 775-0009

Lynn Goff Clinic (Women): Phone: (937) 981-7701, Fax (937) 981-2054

SUD Residential Treatment Services Referral Form

Client Name: _____ Client Date of Birth: _____

Client Social Security Number: _____ Client Phone Number: _____

Client Address: _____

Referral Source: _____ Referral Name: _____

Referral Address: _____

Referral Phone Number: _____ Referral Fax Number: _____

Referral Email Address: _____

Current Substance Use Disorder(s): _____

Current Mental Disorder(s): _____

Ohio Medicaid: Yes No Managed Care Plan: Yes No Medicaid Billing Number: _____

Probation/Parole Name: _____ County: _____

Probation/Parole Address_____

Probation/Parole Phone Number: _____ Probation/Parole Email Address: _____

Current Drug(s) of Choice: _____ Date of Last Use: _____

How much and how often were you using it? _____ Length of Use: _____

Currently withdrawing from a benzodiazepine or alcohol? Please identify which: _____

Currently withdrawing from any other drug? Please identify which: _____

Check box if detox services are needed. ☐

History of suicidal or homicidal thoughts, plans, intentions, attempts, or self-harm behaviors: Yes No

If yes, briefly describe: _____

History of trauma: Yes No If yes, briefly describe: _____

History of violence: Yes No If yes, briefly describe: _____

Chronic Medical Conditions or Illnesses: _____

Please list any allergies to medications, food, etc.: _____

Current Medication(s) (Please see prohibited medication list): _____

_____

Any AOD treatment stays this year? Yes No How many and where? _____