



Montgomery County Recovery Center

Together, we're better

Date: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Self

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Homelessness

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code \_\_\_\_\_

Insurance:

Medicaid Magellan Montgomery Bucks Unsure Other: \_\_\_\_\_
Medicaid CCBH Chester Delaware No Insurance

Do you currently struggle with opioid dependence? Yes No

Do you have a history of opioid dependence? Yes No

Are you currently pregnant? Yes No N/A

Reason for referral: (Check all that apply)

Substance Use Treatment: Inpatient Outpatient

MOUD: Methadone Vivitrol Buprenorphine (Suboxone/Subutex/Sublocade)

Mental Health Treatment Physical Health Concerns Employment Education Recovery Housing

Basic Needs (food, Identification, phone, transportation, etc) Legal Concerns: Probation

Children & Youth Access to Community Resources: Peer Support

Other (please specify):

Email to Parth Gandhi at parth.gandhi@rhd.org and Sierra Saint at sierra.saint@rhd.org.