INPATIENT DRUG & ALCOHOL INTAKE FORM: **Rocky Mountain Treatment Center-Great Falls, MT**

MEDICAL MONITORED DETOX – 30/60/90 DAY INPATIENT PROGRAMS

Rocky Mountain TREATMENT CENTER

Get Treatment HELP for your patient's

www.RehabRocky.com

Heart, Hope, Honesty and Compassion

Admissions: PHONE: (406) 453-5080 / FAX: (406) 727-8172

In-Network with most Insurance Companies and Private Pay Accepted. Excludes Medicare/Medicaid.
Your office may also call and we will assist you in completing the Intake Form.
We appreciate the opportunity to work with you and your patients.

Name of Individual / Agency referring Client _____ **Phone number** _____

Client's Name: _____ **Client's Phone Number:** _____

Date of Birth: _____ **Sex: Male / Female**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Insurance Phone#, ID#, Group#: _____

Drug of Choice: _____ **Date of Last Use:** _____

Diagnosed Medical Conditions: _____

Medications: _____ **Medication Allergies:** _____

Mental Health History: _____ **Suicidal History:** _____

Are You a Registered Violent or Sexual Offender: YES / NO

Pending Legal Concerns: YES / NO

Open Wounds / History of MRSA: YES / NO

Ambulation / Disabilities: YES / NO

Preferred Bed Date and Time of Admission: _____

Thank You for the Referral