St. Francis Recovery Center
A program of Catholic Charities

Pre-Screening Form

Last Name: _____ **First Name:** _____ **MI:** _____

Date of Birth: _____ **Address:** _____

Town: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cellphone:** _____

Referral Source/Agency: _____

Referral Source Contact Name: _____ **Referral Source Phone:** _____

Insurance

MaineCare #: _____ ☐ Limited ☐ Full **Medicare #:** _____

Private Insurance: _____ ID#: _____

Copay/Co-Insurance: _____ Deductible: $_____

☐ **Individual does not carry insurance**

Alcohol/Drug Use History

Please list any substances you have used (include street drugs, alcohol, marijuana and any prescribed narcotics you have not taken as instructed:

Most Used: _____ **Age of First Use:** _____

Second Most Used: _____ **Date of Last Use:** _____

Third Most Used: _____

Please list any additional substances you have used: _____

_____

Most recent injection drug use? ☐ None ☐ In the last 6 months ☐ In the past 5 years ☐ More than 5 years

Have you Served in the Military?: Y / N

Treatment History - Have you ever been to:

Detox: Y / N **How many times?** _____ **Where?** _____ **Most recent date:** _____

Residential: Y / N **How many times?** _____ **Where?** _____ **Most recent:** _____

IOP: Y / N **How many times?** _____ **Where?** _____ **Most recent:** _____

Outpatient: Y / N **How many times?** _____ **Where?** _____ **Most recent:** _____

More questions on reverse side

Please fax completed form to (207) 783-5134 or scan and email to SFRCReferral@ccmaine.org

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Legal History

Please list convictions and pending charges (Include any current involvement with DHHS/Child Protective Services): _____

_____

_____

If you are working with any of the following, please include their names:

Probation Officer? _____ **Phone #** _____

Maine Pretrial Case Manager? _____ **Phone #** _____

Lawyer? _____ **Phone #** _____

- **Does your lawyer know and/or support your request for screening? Y / N**
- **Has the court approved your screening request? Y / N**

DHHS/Child Protective Case Manager? _____ **Phone #** _____

Are you on Deferred Disposition? Y / N

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