

# Treatment Services

## First Contact Form



SECTION I: CLIENT IDENTIFICATION					
1. <b>LAST NAME</b>	2. <b>FIRST NAME</b>	3. <b>MIDDLE INITIAL</b>	4. OTHER LAST NAME		
5. <b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	6. <b>DATE OF BIRTH</b>	7. <b>SOCIAL SECURITY NUMBER</b> *	8. WA DRIVER'S LICENSE OR ID NUMBER		
9. <b>WHICH RACE/ETHNICITY GROUP WOULD YOU IDENTIFY YOURSELF WITH</b> (CHECK A MAXIMUM OF FOUR THAT APPLY)					
<input type="checkbox"/> (21) American Indian or Alaska Native	<input type="checkbox"/> (660) Guamanian or Chamorro	<input type="checkbox"/> (999) Not reported/Unknown			
<input type="checkbox"/> (31) Asian Indian	<input type="checkbox"/> (611) Japanese	<input type="checkbox"/> (34) Other Asian			
<input type="checkbox"/> (40) Black or African American	<input type="checkbox"/> (612) Korean	<input type="checkbox"/> (33) Other Pacific Islander			
<input type="checkbox"/> (604) Cambodian	<input type="checkbox"/> (613) Laotian	<input type="checkbox"/> (50) Some Other Race			
<input type="checkbox"/> (605) Chinese	<input type="checkbox"/> (801) Middle Eastern	<input type="checkbox"/> (10) White			
<input type="checkbox"/> (608) Filipino	<input type="checkbox"/> (32) Native Hawaiian	Tribe: _____			
10. <b>SPANISH/HISPANIC/LATINO (CHECK ONE)</b>					
<input type="checkbox"/> (709) Cuban	<input type="checkbox"/> (722) Mexican, Mexican American, Chicano	<input type="checkbox"/> (998) Not Spanish/Hispanic/Latino			
<input type="checkbox"/> (000) General Hispanic	<input type="checkbox"/> (727) Puerto Rican	<input type="checkbox"/> (799) Other Spanish/Hispanic/Latino			
<input type="checkbox"/> (999) Unknown					
<b>Referral Type</b>					
<input type="checkbox"/> (A) Self/Family	<input type="checkbox"/> (E) Self Help Group	<input type="checkbox"/> (I) Other Community Referral			
<input type="checkbox"/> (B) Substance Use Disorder Provider	<input type="checkbox"/> (F) School				
<input type="checkbox"/> (C) Mental Health Provider	<input type="checkbox"/> (G) Employer				
<input type="checkbox"/> (D) Other Healthcare Provider	<input type="checkbox"/> (H) Court / Criminal Justice				
<input type="checkbox"/> (J) Unknown					
SECTION II: CLIENT FIRST CONTACT					
4. <b>INJECTION DRUG USE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Children under 18?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	5. <b>PREGNANT</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Phone:</b> _____		<b>Emergency Number:</b> _____			
<b>Address:</b> _____		<b>Currently in Substance Abuse Tx?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>City &amp; Zip:</b> _____		<b>How Long?</b> _____			
<b>Interpreter Services needed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Why did you leave?</b> _____			
<b>Referral Organization</b>		<b>What Service:</b> _____			
<b>Referral Date:</b> ____/____/____					
<input type="checkbox"/> (AGY) Asian Counseling (253) 301-5250	<input type="checkbox"/> (HOSP) Allenmore (253) 459-6633				
<input type="checkbox"/> (AGY) Catholic Community Services (253) 272-1171	<input type="checkbox"/> (HOSP) Auburn General (253) 876-7997				
<input type="checkbox"/> (AGY) Comprehensive Life Resources (253) 396-5000	<input type="checkbox"/> (HOSP) Good Samaritan (253) 697-4000				
<input type="checkbox"/> (AGY) Greater Lakes Mental Health (253) 581-7020	<input type="checkbox"/> (HOSP) St Anthony (253) 426-4101				
<input type="checkbox"/> (AGY) Multicare Behavioral Health (253) 697-8400	<input type="checkbox"/> (HOSP) St Clare (253) 985-1711				
<input type="checkbox"/> (AGY) Northwest Integrated Health (253) 472-7844	<input type="checkbox"/> (HOSP) St Joseph-Tacoma (253) 426-6306				
<input type="checkbox"/> (AGY) Olalla Guest Lodge (800) 882-6201	<input type="checkbox"/> (HOSP) Tacoma General (253) 403-1000				
<input type="checkbox"/> (AGY) Pierce County Alliance (253) 572-4750	<input type="checkbox"/> (HOSP) Western State Hospital (253) 582-8900				
<input type="checkbox"/> (AGY) Pioneer Human Services (253) 473-4769	<input type="checkbox"/> (AGY) Pierce County Health Dept (253) 798-6550				
<input type="checkbox"/> (AGY) Prosperity Counseling & TX (253) 863-9667	<input type="checkbox"/> (HOSP) Out of county hospital _____				
<input type="checkbox"/> (AGY&E&T) Recovery Innovations (253) 235-5216	<input type="checkbox"/> (AGY) Out of network provider/agency _____				
<input type="checkbox"/> (AGY) SeaMar (253) 396-1634	<input type="checkbox"/> None - No Referral Organization (Self Referral)				
<input type="checkbox"/> (E&T) Greater Lakes Recovery Center (253) 302-3675	<input type="checkbox"/> Other Facility In Pierce County _____				
<input type="checkbox"/> (E&T) MDC (253) 627-5445	<input type="checkbox"/> Other Facility Out Of County _____				
<input type="checkbox"/> (E&T) Telecare Recovery Partnership (253) 589-5334	<input type="checkbox"/> Other: _____				
<b>1. First Offered Appointment</b>	<b>2. First Accepted Appointment</b>			<b>3. Date of first Dose</b>	