

Contact us if you have questions or need help completing this form:

(859) 309-0150

Help@RecoveryGlue.org



100% Online IOP, OP, and Continuum Care Services

** All new clients must be approved, in particular, potential clients currently or recently in a hospital, mental hospital, or involved in certain legal issues. Completion of this form does not imply nor guarantee admittance into the RecoveryGlue.org program.

PRE-INTAKE FORM

Name (as it appears on your insurance card) _____

Date ____ / ____ / ____ Birthdate ____ / ____ / ____

Gender _____ Phone _____

Current Address _____

Email _____

Social Security Number ____ - ____ - ____ Type of Insurance _____

Name of Insurance Company and Member ID _____

Do you have a photo ID and a current insurance card that are up to date? _____

Have you been treated in the past or currently for any mental health issues? _____

If yes, for what diagnosis/diagnoses and what was the treatment time period? _____

What services from RecoveryGlue.org are you seeking? MAT referral

IOP OP Case management Counseling

Are you willing to submit to urine and/or mouth swab drug screens upon request? _____
(answering no will result in admission being denied)



Prescribed medications and dosages you are currently taking? _____

Name and contact for prescribing physician/clinician _____

Are you currently using/misusing/abusing drugs, alcohol, or other harmful substances? _____

If yes, how are they being administered (Nasal, oral, IV, smoke, all)? _____

Are you currently in a treatment program? _____ If yes, for how long? _____

If, yes, please provide the name and contact info for this program. _____

Do you have any legal issues such as EP0, Sex Crimes, Violent Crimes, Etc. _____

If yes, what are the charges/crimes? _____

Any medical problems such as hypertension, diabetes, stroke, heart issues, etc. _____

Are you allergic to any medications? If so, what, Do you require an EpiPen? _____

Please share any other relevant and/or vital information _____

How did you become aware about Recovery Glue services? _____

Emergency contact name and number _____

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