

Cold Calls/Self Referrals

ODU/ AUD/ CP/ SUD: (Circle One)

These are patients that are calling in and are NOT in EcW, fill out this form and give it to Johannah. We will keep a copy up front and if the patient does become part of the program this will get scanned in the patients' documents under STEPS.

Name: _____

D.O.B: _____

Address: _____

Phone Number: _____

Insurance Information: _____

Who is your Primary Doctor: _____

What are you taking: _____

- **Last use:** _____
- **How much taken:** _____
- **Smoke/ Injected/ Snorted/ Ingested: (Circle One)**
- **When did you first start:** _____
- **Have you ever taken Suboxone:** _____
- **Prescribed / Off the Street (Circle one)**
 - **If prescribed where & how much do you have left:**
