PREADMISSION SCREENING FORM

Purpose: Collect essential information to determine safe placement and the appropriate level of care. Please complete all required items and return securely with any available records.

How to return: Fax or secure email per your site's protocol. If unsure, contact Mainspring Admissions.

Referrer Information

- Referring Facility / Unit: ____
- Referrer Name and Title: _______________________________________
- Referrer Phone and Email: ______________________________________

Client Information

- Full Name: ____
- Date of Birth (DOB): ____________________________________
- Address: ____
- Incarceration Date: ____________________________________

Safety

What lead you to seek treatment?

Any mental health symptoms that feel urgent right now: ☐ No ☐ Yes

If Yes, brief description: ____

Any recent thoughts of harming yourself or others: ☐ No ☐ Yes

If Yes, any plan or intent: ☐ No ☐ Yes

Brief details: ____

History of suicide attempts: ☐ No ☐ Yes

If Yes, approximate number of attempts: __________

Any attempt in the last 30 days: ☐ No ☐ Yes

Violence risk : Any charges, documented incidents, or credible threats of violence? ☐ No ☐ Yes
If Yes, brief nature/date/status: ____

____

Special Considerations and Coordination Needs

Check all that apply:

☐ Ongoing psychosis not primarily related to substance use

☐ Daily living assistance beyond program supports
(Needs hands on help with bathing, dressing, grooming, toileting, or mobility on most days)

☐ Needs services not available here (for example dialysis or chemotherapy)

☐ Active eating disorder needing specialty care

☐ Requires supplemental oxygen

Pregnant: ☐ NA / Not pregnant ☐ First trimester ☐ Second trimester ☐ Third trimester

If Pregnant, OB GYN evaluation completed: ☐ No ☐ Yes
Pregnancy notes (OB provider, EDD, complications, clearance): ___________________________

Tier Three sex offender registry status: ☐ No ☐ Yes
(Used only to determine placement eligibility)

Dimension 1 Intoxication and Withdrawal

***Substance Use History**

Last Use (Date & Time) for Each Substance:

Substance	Date of Last Use	Frequency/Duration	Amount	Method	Pattern of Use

History of severe withdrawal: ☐ No ☐ Yes

If Yes, which: ☐ Seizures ☐ DTs ☐ Hallucinations
Details of most recent severe withdrawal: ____

Dimension 2 Biomedical Conditions

Physical health conditions or concerns (brief): ____

Able to take prescribed medications as directed in the past 7 days: ☐ Yes ☐ No ☐ Not on meds

Mobility issues or assistive device: ☐ No issues ☐ Cane ☐ Walker ☐ Wheelchair ☐

Dimension 3 Psychiatric and Cognitive

*Current Psychiatric Conditions: ☐ None ☐ Depression ☐ Anxiety ☐ Bipolar ☐ Schizophrenia ☐ Schizoaffective ☐ Other: ______________________________

Difficulty with reading, writing, or communicating in English:

☐ No difficulties ☐ Some difficulties ☐ Significant difficulties

If some or significant difficulties, brief details: __________________________________

History of psychiatric hospitalizations or substance abuse treatment: ☐ No ☐ Yes

***If Yes List Treatment History**

Dates	Facility/Location	Type/Level of Care	Cause of Hospitalization	Outcome / Discharge Summary

Currently taking any prescription medications: ☐ No ☐ Yes

***If Yes List Current Medications**

Medication Name	Dose/Frequency	Purpose	Prescriber	Compliance

Dimension 4 Substance Use Related Risks

Able to participate fully in treatment now: ☐ Yes ☐ No

Current relapse risk: ☐ Low ☐ Moderate ☐ High

Dimension 5 Recovery Environment

Safe or stable housing available: ☐ No ☐ Yes ☐ N/A

Transportation available to attend care: ☐ Yes ☐ No

Legal Coordination

Currently involved with the legal system: ☐ No ☐ Yes

If Yes, status: ☐ Pending charges ☐ Probation ☐ Parole ☐ Pretrial supervision

☐ Drug court or specialty docket ☐ Incarcerated or from jail ☐ Other or unsure

Brief legal notes (optional): ____

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Additional Notes:

Return Information: Secure return by fax or secure email. If you need the correct address or number, contact Mainspring Admissions.

Optional attachments: court order, recent medical records, medication list, ROIs.