Hoy Recovery Program Inc.
Referral New Client Intake Form

Date of Referral:	Referred by:

Reason for Referral Request:

Referring Facility Name: **Referring Facility Phone Number:** **Fax#**

Address **County**

Clients Name:	DOB:	SS#:

Clients Address **Cell phone** **Message phone**

Clients County: **Current Living Situation:**

Circle One: Marital status: Single/ Married/ Divorce/ Separated **Number of Dependents:**

Highest grade completed: **Employment Status:** **Income Level:**

Case Manager: **Phone:**

Emergency Contact: Phone:

Sexual orientation: Circle One: heterosexual / gay /lesbian / bisexual / pansexual / other / unspecified

Drug Of Choice: **Last use:** **Route:** **IVDU: Yes / No**

Ethnicity : White / Hispanic /Black African American/ American Indian or Alaskan/ Asian / Native Hawaiian or other pacific Islander/Multi-racial /unknown / Decline to specify	Religious preference or decline:

Veteran Yes / No **Tribal Affiliation:** **Pregnant Yes/ No**

Client Scheduled for phone interview on: **Time:** _____

Detox **Residential**

Client scheduled with:

Shirley Martinez, Admission Coordinator 505-852-6708

Dana Martinez, Admission Coordinator 505-852- 6704

Client will call facility on the date scheduled above if you have any questions please feel free to call our office at 852-2580

Please complete form and fax back to our facility at 505-852-1827 ATTN: *ADMISSION* Ph# 505-852-2580

Please complete form to make this a smooth transition.
Thank you

PO Box 520 Espanola NM 87532 Phone: 505-852-2580 Fax: 505-852-1827