

IROC Intake / Follow-up Form

Client Information: Intake Date: _____ **IROC Appropriate:** Yes No

Client Name: _____
Last First Middle

Date of Birth: _____ **Gender:** Male Female Transgender **ID #:** _____
(Must be unique to client)

Race/Ethnicity: _____ **Marital Status:** Married Never Married Separated Divorced

Street Address: _____

City/State/Zip/County: _____
City State Zip County

Email address (if applicable): _____

Home Phone: _____ **Cell:** _____

Insurance No Medicaid Private Insurance: **Name:** _____

Referral Date: _____

Referral Source

BPA Recovery Coach Treatment Agency Self-Referral Other _____

Type of Referral Contact:

Phone Face to Face Email Text

IROC Initial Type of Service:

On-Call BPA RC Connection Jail/Prison Reentry Crisis or Health Facility Detox Companion Support or Recreation

Drug and Alcohol use:

History of Opiate Use:

Heroin Prescription Opiates (against Prescription) Opiates (non-prescribed) Both Heroin & Opiates

Opiate last used _____ Date of last use: (mm/yy) _____ Age of First Use: _____

Methods of use:

IV Oral Smoking Snorting Other _____

Frequency of use:

Last 48 hours Daily 1-3 times weekly 1-4 times monthly Past 90 days More than a year ago

Other Drug and/or Alcohol use:

Drug Used _____ Last date used _____ Frequency _____

Drug Used _____ Last date used _____ Frequency _____

Follow-up Tracking

Attempt to contact / Date:

First _____ Second _____ Third _____ Fourth _____ More than four

First Treatment Appointment Date: _____ No Show first apt: Yes No

Return for Recovery Community Center Visit : Type / Date _____