RESOURCES FOR HUMAN DEVELOPMENT

Together, we're better

Montgomery County Recovery Center
Center of Excellence

Date:

Referring Agency: _____ Self ☐
Contact Name: _____ Phone: _____

Name: _____ Phone: _____
DOB: _____ SS#: _____
Address: _____ Homeless ☐
_____
_____

Insurance:

☐ Medicaid Magellan ☐ Montgomery ☐ Bucks
☐ Medicaid CCBH ☐ Chester ☐ Delaware
Other_____ ☐ Unsure ☐ No Insurance

Do you currently struggle with opioid dependence? Yes ☐ No ☐
Do you have a history of opioid dependence? Yes ☐ No ☐
Are you currently pregnant? N/A ☐ Yes ☐ No ☐

Reason for referral: (Check all that apply)

Substance Use Treatment: Inpatient ☐ Outpatient ☐
MOUD: Methadone ☐ Vivitrol ☐
Buprenorphine (Suboxone/Subutex/Sublocade) ☐
Mental Health Treatment ☐
Physical Health Concerns ☐
Employment ☐ Education ☐
Recovery Housing ☐ Other Housing Concerns ☐
Basic Needs (food, Identification, phone, transportation, etc) ☐
Legal Concerns: ☐ Probation ☐ Children & Youth ☐
Access to Community Resources: ☐ Peer Support ☐

Other (please specify):

107 E. Main St. Suite 310, Norristown, PA 19401 (484) 681-5278 fax (484) 684-7581