



Montgomery County Recovery Center

Together, we're better

Date: _____

Referring Agency: _____

Contact Name: _____ Phone: _____

Self

Name: _____ Phone: _____

DOB: _____ SS#: _____ Homelessness

Address: _____ City: _____

State: _____ Zip code _____

Insurance:

Medicaid Magellan Montgomery Bucks Unsure Other: _____
Medicaid CCBH Chester Delaware 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? Yes No N/A

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

Basic Needs (food, Identification, phone, transportation, etc) Legal Concerns: Probation

Children & Youth Access to Community Resources: Peer Support

Other (please specify):

Email to Parth Gandhi at parth.gandhi@rhd.org and Melissa Peters at melissa.peters@rhd.org.