



**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](mailto:Parth.Gandhi@rhd.org) and Ashley Brunstetter at [Ashley.Brunstetter@rhd.org](mailto:Ashley.Brunstetter@rhd.org).**