

Men's IRT/TRT Programs  
509 E 13<sup>th</sup> Street  
Pueblo, CO 81001  
719-546-6666  
men-res@crossroadstp.org



Women's IRT/TRT Programs  
3500 Baltimore Ave.  
Pueblo, CO 81008  
719-545-1181  
women-res@crossroadstp.org

Date: \_\_\_/\_\_\_/\_\_\_ Discharge Date from CIC (If Applicable): \_\_\_/\_\_\_/\_\_\_ Staff Member: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Reason for Referral: \_\_\_\_\_

Client Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Medicaid: Y or N Tricare: Y or N **Medicaid does not cover inpatient treatment**  
Substances used: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Danger to self or others: Y or N Explain: \_\_\_\_\_  
Does the client have a plan for self-harm?: \_\_\_\_\_  
Previous Suicide attempts: Y or N Explain: \_\_\_\_\_

Treatment Barriers (Transportation Issues, Funding, Language Barriers, Disability): \_\_\_\_\_  
Prior/Current Treatment Experience (how many episodes): \_\_\_\_\_  
Detox: \_\_\_\_\_ Outpatient: \_\_\_\_\_ Inpatient: \_\_\_\_\_ Mental Health: \_\_\_\_\_ Other/Explain: \_\_\_\_\_

Medical/Mental Health Issues: \_\_\_\_\_  
Medical Clearance (should be yes): Y or N  
Is the client pregnant? Y or N (If the answer is yes they must provide a proof of pregnancy and how far along they are)  
Is the client on medications? Y or N  
What meds?: \_\_\_\_\_

Criminal History (attach more documentation as needed): \_\_\_\_\_  
Probation: Y or N Parole: Y or N Out of state offender: Y or N Social/Human Services Referral: Y or N  
Any recent violence? (should be no): Y or N - If yes, needs Supervisor Approval prior to admission

Can the client pay for treatment? Y or N 3<sup>rd</sup> Party Payer (DSS/DHS, Probation, Courts, etc.)? Y or N  
Proof of income documents?: \_\_\_\_\_  
**Acceptable documents include: tax return, unemployment check stub/award letter, self-employment bank stubs, paystub, employer letter, SSDI & SSI letter/statement/check stub, Workers Comp Award Letter, Homeless (verified through shelter/hospital/other community agency).**