

Reentry Services

Behavioral Health and SUD Services Triage Form

Date and Time: _____ Staff Initials: _____

Patient Name: _____ DOB _____ Age: _____

Contact Number: _____ MRN: _____

Questions to ask patient:

- Have you previously attended inpatient treatment? Yes or No
 - If so when? _____

- Have you attended outpatient therapy? Yes or No

- Do you need detox services? Yes or No

- Are you currently an MAT patient? Yes or No

- Do you have an established doctor at Marimn? Yes or No
 - If so, who? _____

Reentry Coaches or Manager will take this form to the daily Behavioral Health staffing meeting to assist clients with their connection to treatment opportunities.

Staffing Date: _____ Assigned Reentry Coach: _____

Assigned Therapist: _____ Initials: _____

Patient Communication: _____

Date and Time of next Appointment: _____