



Mary Benson House
 450 Montford Avenue
 Asheville, NC 28801
 P: 828-252-5280 F: 828-253-2861

Updated 12/11/17

CONSUMER PRELIMINARY REFERRAL FORM

INITIALS OF STAFF TAKING REFERRAL: _____

Date of Referral: _____

Person making referral: _____

Contact info: _____

Person being referred (if different from above): _____

Contact info for person being referred: _____

Date of birth/Age: _____

County of Residence: _____

Living Arrangements: homeless with friends with family in treatment own home incarcerated

Currently Pregnant? Yes No

How many weeks? _____

Trimester: 1 2 3

Less than one year postpartum

More than one year postpartum

Receiving prenatal care? Y / N

Race or Ethnicity:

African American

Caucasian

Native American

Asian

Latina

Biracial/Multiracial

Number of Dependent Children: _____ Ages: _____

Do you have custody of your child(ren)? _____

Currently Employed? Yes No Highest Level of Education _____

Substance(s) of abuse: _____ **Nicotine?:** _____

Currently using? Yes No **Date of Last Use:** _____

Are you on Methadone or Suboxone/Subutex maintenance? _____ **For how long?** _____

IV Drug use (ever?) Yes No **If YES, last use?** _____

Longest period of not using drugs or alcohol: _____

MBH USE ONLY:

Bed Availability: _____

Referral information given to potential client:

VAYA (MCO) (1-800-849-6127)

Judith Johnson-Hostler (1-800-688-4232)—for other perinatal/maternal program information

C3 356-BHUC, Peer Living Room (828-254-2700)

RHA Mobile Crisis (1-888-573-1006)

Neil Dobbins/Detox (828-254-2700)

JFK ADATC in Black Mountain (828-257-6200)

POC/Women's Recovery Center (828-350-8343)

Notes: _____

