

Centerstone's Fellowship House Withdrawal Management/Detox Referral Form

Centerstone's Fellowship House, a treatment facility in Anna for those who suffer with substance use disorders and co-occurring problems, offers medically-monitored withdrawal management or detox for men and women.

Please complete the following form and fax to (618) 833-2371 or (618) 833-6930. Then, call (618) 833-4456 to speak with Fellowship House staff for brief screening for admission and confirmation of documents faxed.

| Referra | l Date: | Referring Worker: | | |
|-------------------------|---|--|---|--|
| Referri | ng Organization: | | City: | |
| Phone l | Number: | Email: | | |
| Patient | Name: | | Primary Language: | |
| Date of Birth: | | Gender: | Race: | |
| Social Security Number: | | Type | Type of Insurance: | |
| Phone: | | Best time to contact: | Ok to leave message? ☐ Yes ☐ No | |
| Perman | nent Address: | | | |
| | Is not currently exp anyone else or enga Willing to participa Meets ASAM Criter | iencing mental health-related hallucination eriencing suicidal or homicidal ideations of ge in risky behaviors te in services, including assessment, and to | reatment planning not require full resources of a hospital but not intensive treatment nental health treatment ol dangerous consequences despite active | |
| | structured | setting | | |
| | Possesses or can gai | id / Illinois Medicaid-Managed Care or no n access to the following: nt-issued ID card (if applicable) | o insurance and no/low income | |

Delivering care that changes people's lives.



| t is pre | ferred, b | ut not required, that these documents be provided to Centerstone: | | |
|----------|--|---|--|--|
| | Medications prescribed | | | |
| | Insurance card (if applicable) | | | |
| | If trans | nsferring care from a hospital: | | |
| | 0 | Labs | | |
| | 0 | Vitals | | |
| | 0 | Hospital discharge summary with diagnosis | | |
| | 0 | Notes | | |
| | 0 | Physical exam | | |
| | 0 | Crisis screen | | |
| Next sto | eps: | | | |
| | Fax this form and any of the above documentation to (618) 833-2371 or (618) 833-6930. | | | |
| | Call Centerstone's Fellowship House at (618) 833-4456 to begin the referral process and confirm your | | | |
| | | ents were received. The phone is answered 24/7. | | |
| | | | | |
| | 0 | Assessments for Centerstone's Fellowship House withdrawal management/detox services are | | |
| | | scheduled Sunday-Thursday from 8 a.m. – 4:30 p.m. and Friday 8 a.m. – noon. | | |
| | 0 | It is important to schedule the assessment appointment with the patient for Centerstone's | | |
| | | Fellowship House to ensure care is continued uninterrupted. | | |
| | If admi | If admitted, patient's medication must be brought to FH in original bottle. | | |
| | 0 | Patient must bring 30 days of medication or 1 weeks' worth of medication and a prescription for | | |
| | | refills. | | |
| | 0 | All medications must be in the correct prescription bottles. | | |
| | 0 | A doctor' orders for all medication samples must be included. | | |

Delivering care that changes people's lives.