



## McLEOD CENTERS FOR WELLBEING

### Screening Form for Residential Treatment

Please note and understand the following before sending in a screening form:

- McLeod Centers is a tobacco- free facility, nicotine replacement therapy can be provided if the individual meets criteria.
- McLeod Centers does a UDS and a COVID screen prior to admission and both must be negative to be admitted.
- Everyone must come with at least 28 days' worth of medication. We are not able to have prescriptions filled on the day of admission.
- Everyone must have a finical prescreen 704-332-9001 option 6.
- We accept individuals from the following counties: Mecklenburg, Orange, Durham, Wake, Johnston, Cumberland, Union, Stanly, Cabarrus, Gaston, Cleveland, Rutherford, Burke, Lincoln, Catawba, Iredell, Davie, Yadkin, Surry, Forsyth
- Individuals must arrive between 9am and 11am on the day of admission.
- Sending the referral: Please send this sheet and the full clinical assessment to residential.referrals@mcleodcenters.org please allow 24-48 hours for your referral to be processed.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security: \_\_\_\_\_

Email: \_\_\_\_\_

Patient's Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

State ID: YES / NO

Financial Pre- Screen Date: \_\_\_\_\_

Projected Discharge Date: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Referral Contact Name: \_\_\_\_\_

Referral Phone Number: \_\_\_\_\_

Referral Email: \_\_\_\_\_