



Prescreen Application

124 East Baltimore St. - Hagerstown, MD 21740
Phone: 301-739-7748 Fax: **301-739-4001**

427 East Patrick St. - Frederick, MD 21701
Phone: 301-662-7003 Fax: **301-694-8527**

Please complete **ALL** applicable sections - **MUST BE LEGIBLE**

Date:

Full Name:

Date of Birth:

SSN:

Gender Identity:

Male

Female

Transgender

Other

Prefer not to answer

Have you been in treatment at Wells House before?

Yes No

If currently in treatment, where?

Name of Case Worker/Counselor/Contact Person:

Best phone number to contact you or your case worker at this time:

When would you be available to start treatment at Wells House (if you are in treatment right now, what is your discharge date?)

Do you have insurance at this time?

Yes No

Insurance Type:

Medicaid

Medicare

Other

Private

Insurance

MA #:

Are you a registered sex offender?

Yes

No

Do you have any pending legal issues at this time? If so, please list them below:

Do you have any active warrants at this time? NOTE: All warrants must be resolved BEFORE an interview can be completed**

Yes

No

What is your primary drug of choice?

When was your date of last use?

How often do you use this substance?

Most recently, how would you use it?

How old were you the first time you used it?

What is your secondary drug of choice?

When was your date of last use?

How often do you use this substance?

Most recently, how would you use it?

How old were you the first time you used it?

What is your tertiary drug of choice?

When was your date of last use?

How often do you use this substance?

Most recently, how would you use it?

How old were you the first time you used it?

The following items must also be submitted to the Wells House Admissions Team as part of the application process:

- A copy of the patient's most recent TB skin test result, or Chest X-ray, must also be provided BEFORE a phone interview can be scheduled. TB results or Chest X-ray cannot be more than 12 months old.
- A recent clinical evaluation such as a Biopsychosocial or Substance Use Disorder Assessment.
- A Psychiatric Evaluation and/or History and Physical-if available.
- If applicable-A copy of the patient's COVID-19 vaccination record.
- If the patient is a self-referral, they must be tested for COVID-19 2-3 days before their pending admission, and provide a negative result to the admissions department before an admission date can be confirmed.
- When the patient is transitioning to Wells House from another treatment facility, an updated negative COVID-19 test result, or updated temperature logs, must be sent to the admissions department before the patient's scheduled admission date-If available.