



HARBOR HOUSE Pre-Screening Waitlist Form (Updated 10/13/2023)

Date: _____ **Time:** _____ **Staff Name:** _____

Name:	DOB:	AGE:
Sex:		
Street Address:	Phone-1:	
County, State:	Phone-2:	
Email:	Referred by:	
Payment Source: CASH UNKNOWN	Referral Phone:	
Insurance: YES NO	IF YES, what type:	
Valid State DL or ID: YES NO	IF YES, what type:	
Primary Drug used: Date of last use:	IV use: YES NO	
Secondary Drug used: Date of last use:	IV use: YES NO	
Other Drug Used: Date of last use:	IV use: YES NO	
Pregnant: YES NO MAYBE	If YES, Due Date:	
Positive for TB: YES NO REFUSED	Positive for HIV: YES NO REFUSED	
Recent Hospital Visit: YES NO	Explain reason and outcome:	
Medical Conditions: YES NO MAYBE	Explain and list medication or symptoms:	
Mental Health Diagnosis or Concerns: YES NO	Explain and list medication or symptoms:	
Reason for contacting Harbor House NOW: What made you decide to call today for help?		