

St. Christopher's Inn

Residential Treatment Services
PO Box 150, Graymoor
21 Franciscan Way
Garrison, NY 10524
www.stchristophersinn.org
sciadmissions@atonementfriars.org

ADMISSIONS REFERRAL FORM MONDAY – FRIDAY 8:30 AM – 5:00 PM CALL 845-335-1020 or

845-335-1022 or 1027 Fax: 845-424-4537

Referral Agency – Please print form, complete & fax back to the number listed above. **Self-Referral** – Please call our Admissions Department at 845-335-1020 select option #1

Name:	Agency Name:
D.O.B.:	Contact Name:
Social Security No.:	Phone Number:
Insurance Plan & No.:	Fax Number:
	Email:
Medical History:	
*Please provide psychiatric evaluation if a	
Registered Sex Offender? YES	NO IF YES, WHAT LEVEL? (Circle) 1 2 3
Seizure History? YES N	10
Date of Last PPD	Results
(PPD Record must be submitted, if + PPD hetest must be obtained)	history, a negative chest x-ray within the past 12-months or a Quantiferon Gold blood
Date of the last H&Pand provided)	(If H&P was completed at your facility it must be signed by an MD or NP
Date of last COVID-19 Test	Results

11.01A Admission Referral Form Revised: 09/01/2022



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Current Medications:
Garrent Medications.
If client is prescribed medications, they must be e-scribed to our pharmacy
Clients should be made aware that they may be responsible for medication co-pays
MedWiz Pharmacy 167 Route 304 Bardonia, NY 10954 Phone: 845-624-8080 Fax: 845-624-8055
Pending Appointments:
Medical:
Legal:
Other:

We appreciate your referral to St. Christopher's Inn. Our Admission Staff will contact you upon review of this referral packet. The Admissions Department is open Monday through Friday from 8:30 a.m. to 5:00 p.m.

Please Note:

Medical clearance upon the pre-admission process does not guarantee acceptance into St. Christopher's Inn. Upon arrival, admission nurse will conduct a complete assessment and the final determination will be made regarding the status of admission into our recovery program.

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