



**St. Christopher's Inn**  
*Residential Treatment Services*  
21 Franciscan Way / PO Box 150 - Graymoor  
Garrison, NY 10524

Website: [www.stchristophersinn.org](http://www.stchristophersinn.org)

## **Admissions Referral Form**

**Office Hours: Monday ~ Friday: 8:00 a.m. to 4:30 p.m.**

**Phone: 845-335-1020 • FAX: 845-424-4537 • Email: [sciadmissions@atonementfriars.org](mailto:sciadmissions@atonementfriars.org)**

**Self-Referrals: Please call our Admissions Office at 845-335-1020 for a screening.**

**Referral Agencies: Print this form. Complete ALL the following ~ then FAX to Admissions.**

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

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

Client D.O.B: \_\_\_\_\_

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

Social Security No# \_\_\_\_\_

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

Insurance Plan: \_\_\_\_\_

FAX Number# \_\_\_\_\_

Medicaid CIN# \_\_\_\_\_

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

~ or Insurance ID# \_\_\_\_\_

◆ **Referral Agencies: Please INCLUDE the following info with this 2-page referral:**

- Insurance information
- List of Medications & Diagnoses
- History & Physical Exam

- Bio-Psychosocial
- Psych Eval if on psychotropic meds

- TB Test Results: Any ONE of the following:**  PPD -or-  Chest X-Ray -or-  
 QuantiFERON Gold test

**TB Test Results: If “+” PPD history, a negative chest x-ray within the past 12-months or a QuantiFERON Gold blood test must be obtained.**

◆ **Please answer the following:**

1. Client Discharge Date: \_\_\_\_\_
2. Date of last TB Test? \_\_\_\_\_
3. Date of last H & P ? \_\_\_\_\_ Note: \*If H&P was completed at your facility, it must be signed by an MD or NP and provided with this form.
4. Registered Sex Offender?  NO  YES - If 'yes', which LEVEL? 1, 2 or 3
5. Seizure History?  NO  YES

~ **COMPLETE PAGE 2** ~



## St. Christopher's Inn ~ Admissions Referral Form

◆ **PSYCHIATRIC HISTORY / Diagnoses** ~ Provide psychiatric evaluation if available.

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◆ **MEDICAL HISTORY** ~ Provide documentation for any recent hospitalizations (i.e., surgeries, medical conditions, etc.)

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◆ **CURRENT MEDICATIONS** ~ List all medications that the client is currently taking:

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**IMPORTANT:** 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 Office is open Monday through Friday: 8:00 a.m. to 4:30 p.m.**

**Please Note:**

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