



CONCERTED CARE GROUP BALTIMORE
Integrated Wellness Center

Referral Form

Service(s) Desired:

- Methadone Maintenance, Suboxone Maintenance, Drug Free Outpatient Program, Substance Abuse Intensive Outpatient Program, DWI Program, Psychiatrist, Mental Health Therapist

Date:
Applicant Name (First Last):
Address:
City/State/Zip:
Social Security Number:
DOB:
Phone: Cell: Work: Other:
Referral Name/Phone Number:

- At this time, CCG can only accept Medicaid or self pay clients for substance abuse treatment
Mental Health services open to Medicaid, Medicare, and self pay clients
Sliding scale self pay rates available

Medicaid/Medicare/Self Pay (please circle): ID Number:
Gov't Issued Photo ID: Yes No Type of ID:
Drug/Alcohol Use:

Transfer / New (please circle)

Currently in MMT Prior MMT Tx Pregnant If yes, Due Date:
Current Treatment: Date Started Name of Program: Suboxone/Meth
Current Medical Problems:
Prescribed Medications:

Probation/ Parole: Yes or No Current Legal Charges: Yes or No Court Date:

Form can be faxed to number below or emailed to
Kimberly McNealy, Intake Coordinator: kmcnealy@concertedcaregroup.com

To be completed by CCG:

Appointment Date: Time:
Referral Completed by: Time: