



Referral Checklist

1. Gale Recovery, Inc. accepts referrals during regular business hours from any Maryland state-certified inpatient or outpatient treatment provider. Please have the following information available when calling to place a patient on the waiting list:
 - a. Patient's name and date of birth
 - b. Patient's last county of residence.
 - c. Patient's probation and open legal case status if applicable.
 - d. Patient's basic diagnostic criteria including all Axis I diagnoses.
 - e. Date of admission to your treatment program and the tentative planned discharge date.
2. Once space in the program appears likely, the Gale Recovery, Inc. Intake Coordinator will contact you to send us the following referral documents by fax or email:
 - TAP Assessment including the DSM-IV multiaxial assessment (Axis I through V) along with written consent. TAP and consent forms may be sent directly from the SMART system or faxed.
 - Psychiatric Evaluation (**if patient has a co-occurring disorder or any psychotropic medications**).
 - GRI Medication Form CT-30-3 (see attached medication form); **NOTE – only medications listed on this form will be accepted at admission to the program.** A minimum of a 30-day supply of medications and/or **refill prescriptions are required at admission** – it can take a month or more to see a medical provider in the community for medication management.
 - Treatment provider's assessment of client's response to treatment and readiness to change.
 - Results of TB testing (mandatory) within last six months.
3. After all documents are received, they will be reviewed by a clinician within two business days. All documents must be received and reviewed on a preliminary basis before an interview is scheduled. If referral documentation is incomplete or unclear, additional information may be required.
4. Once a preliminary determination is made, an interview with the patient is scheduled or the patient will be referred elsewhere. Acceptance into the program cannot be finalized until after the interview is completed and reviewed. Interviews are generally scheduled during regular business hours. The referring program is responsible for arranging their patient's transportation to the interview site.
5. During the interview, American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC-2R) are assessed and documented to determine if Gale Recovery, Inc. is an appropriate service provider. A summary of level III.1 ASAM PPC-2R criteria is included with the Admission Criteria for further information.
6. Acceptance determination generally occurs within one business day after the interview. Intake appointments are then scheduled (based on bed availability). The referring program is responsible for arranging transportation.

Intake Coordinator Direct Line/Voicemail 301.662.2698, reneel336@comcast.net

Gale House for Women - Referrals 8 AM to Noon weekdays: Phone 301.662.2303, Fax: 301.694.8527
336 North Market Street, Frederick, MD 21701

Olson House for Men - Referrals 12:30 PM to 4 PM weekdays: Phone 301.662.7003, Fax: 301.631.0768
608 East Patrick Street, Frederick, MD 21701

LIST OF ALL MEDICATION AT ADMISSION

Name:			Date:	
Name of Medication	Dosage	How many days of medication available	Purpose	Prescribing Physician