



IMS
Integrated Medical Services LLC
imscenters.com

Initial Patient Screening Form

SERVICE REQUEST: _____ DATE: _____

Location:

- 1001 Berryville Ave Winchester, VA 22601 VA (540) 779-0607
- 101 Medical Court Suite #106 Martinsburg, WV 25401 WV (888) 225-0017

NAME: _____

CURRENT ADDRESS: _____ GENDER: MALE / FEMALE

DOB: _____ PHONE NUMBER: _____

SS#: _____ EMERGENCY CONTACT: _____

INS NAME: _____

INS ID: _____ PH: _____

REFERRED BY: _____ PH: _____

RX INFO: _____

Questioner:

Do you have any allergies? _____

What's your drug of choice? _____

How long have you been using drugs/alcohol? _____

When is the last time you used any drugs or alcohol? _____

Why are you seeking treatment at this time? _____

What are some things you would like to work on while in treatment? _____

Are you willing to be engaged in groups, case management, and/or individual therapy while in treatment at IMS? _____

Have you ever been in treatment before? _____ If so, where and when? _____