



SCREENING FOR ADMISSION

Date: _____ Phone: (Home) _____ (Cell) _____

Name: (First) _____ (Middle) _____ (Last) _____

Present Address: _____

Is this address a treatment facility? Yes No

Date of Birth: ____ / ____ / ____ Age: ____ SSN: _____

Gender Identity: _____

Circle Ethnicity: Black/African American / Caucasian / Other: _____

Marital Status (Circle one): Married Never Married Separated Divorced Widowed

Level of education completed: _____

Are you a Veteran? ____ No ____ Yes (If Yes, type of discharge _____)

Are you pregnant? ____ Yes (Due Date?) No N/A

Do you have children? Yes No

Who referred you to our program? _____

RECOVERY & SUBSTANCE USE:

Do you use alcohol? Yes No

Do you think you have a problem with other drugs? Yes No

Do you use drugs IV? Yes No

Do you use tobacco products? Yes No If yes, amount & frequency: _____

Would you like help to quit? Yes No

List drugs/alcohol you used addictively:

Previous drugs used (route of administration, age of 1st use, amounts used, date of last use)

Current drugs/alcohol used (route of administration, age of 1st use, amounts used, use back if necessary)

Date of last use (evaluate need for detox)

When did you attend your first 12-step or other recovery support meeting? _____

How many support meetings have you attended in the past 30 days? _____

Do you have a 12-step sponsor? Yes No If so, who? _____

Why do you want to be in recovery from addiction? _____

Dates of longest period of abstinence: _____

Have you ever been to a treatment facility for alcoholism and/or drug addiction? Yes No

Please list all facilities you have attended including names and dates: _____

Did you complete these programs successfully? Yes No If not, why? _____

If you are currently in treatment list the treatment provider, phone number, and primary counselor, if any: _____

Will you sign a release for us to contact these facilities to discuss your treatment there? Yes No

EMPLOYMENT/FINANCES:

Are you employed? Yes No If yes, where? _____

Please list your vocational skills/specialized training or certifications: _____

Previous Employers:

Company:	Supervisor:	Contact:
_____	_____	_____
_____	_____	_____

Are you receiving disability or other non-job related income? Yes No

If yes, what? _____

If you don't have a job are you planning to get one? Yes No

If yes, what job plans do you have? _____

What is your monthly gross income right now? _____

Do you have a valid driver's license? Yes No

Do you have a car that is registered and "legal"? Yes No

How do you plan to pay for services? _____

MEDICAL:

Do you have a current TB test completed within the past year: Yes No Results _____

Have you ever been tested for Hepatitis A B C HIV ? _____

Results of any _____

Do you have any current medical conditions or allergies? _____

Do you have a medical doctor? Yes No

If yes, list the doctor's name: _____

Doctor's address & phone number: _____

Do you take any prescription drugs? Yes No

If yes, please complete medication list on page 6.

Current weight: _____ Current height: _____

Have you ever been diagnosed with a mental health disorder? _____

Are you currently managing a MH disorder (please explain)? _____

Do you see a therapist or a psychiatrist? Yes No

If yes, list the psychiatrist's/therapist's name and phone number:

Doctor/Therapist: _____

Phone number: _____

Medications for MH disorder: _____

Do you have a history of an eating disorder? Yes No

Current status of eating disorder: _____

Do you have a history of bingeing, purging, or diuretic or laxative use? Yes No

Please list any psychiatric facilities you have attended including names and dates:

Have you been thinking of hurting yourself or someone else lately? _____

Ever in the past? _____

Are you fully vaccinated? _____

LEGAL (All legal history to include felonies and misdemeanors, dates, dispositions)

Have you ever been arrested? Yes No If yes, for what? _____

Are you currently on probation or parole? Yes No

If yes, who is your probation/parole officer? _____

Phone #: _____

Please list any current legal problems (be specific about charges, upcoming court dates):

Current fines and/or other court costs owed: _____

OTHER INFO:

Please list your hobbies and special interests: _____

What would you say are your best characteristics? _____

Have you ever lived in close quarters with other people (non-family) before? _____

Do you anticipate a problem with such an arrangement? _____

Anything else you would like us to know about you? _____

This is not a treatment program. It is a long-term recovery support program. What length of stay do you feel you need to achieve long-term recovery? _____

Date of move in? _____ Immediately _____ Other

If "other," list the date you would want to move in if accepted, and why the date is in the future rather than immediately.

Date: _____ Reason: _____

Emergency Telephone Numbers:

Name	Relationship	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I have read (or had read to me) all of the material on this application form and I have also answered each question honestly. I want to participate in this program to achieve recovery from addiction.

Signature

Date

Staff use only:

_____ Accepted _____ Not Accepted (document reason):

Other notes:

Teams members present (everyone sign):

MEDICATION LIST

NAME OF MEDICATION	DOSAGE/FREQUENCY	REASON FOR TAKING	PRESCRIBING PHYSICIAN