

Intake Assessment

Demographics

Date: Entry Date Name: Case# Previous Address:	Time:	-	Referral Source: DOB: Years Lived there:								
Phone:(H)	(W)			Cell:							
Age:	SSN:		Drivers	License:							
Do you have any comm	Do you have any communication problems(language, hearing, writing or reading)?										
Do you have any menta this program?	ni or physical disabilities	that may pre	event you from follo	wing through with	h .						
		ı	-lealth		•						
Do you have any allergi Are you sexually active? Have you ever been sex	? cually abused?	(N)	List		(M) (M)	(N) (N)					
Have you ever abused anyone physically or sexually? Do you have any sexual dysfunction or addiction? Do you have or have you ever had any eating disorder? Are you currently using any prescribed medication? If so, what kind?						(N) (N) (N) (N)					
						•					
Have you ever or are you If so , which kind?	u currently addicted to p	rescribed m	edication?		M	(N)					
Do you use any over the If so , which kind?	_	ularly?			<u>M</u>	(N)					
Have you ever paid for o Have you used IV drugs' Have you ever shared no Have you ever had Black Have you ever attended To you consider yourself I so which? Both? And V	? sedies? vith an IV user? kouts? AA/NA ? Fan alcoholic or addict?		y?		333333	(N) (N) (N) (N) (N) (N)					

Health (co	nt.)		3	
How long have you used alcohol?		Month (s)	Years	٠
How long have you used drugs?		Month (s)	Years	
Explain your alcohol and/or drug pattern, including amount of	f usage:		_	
		· · · · · · · · · · · · · · · · · · ·		
Separate in the control of the contr				
Which areas have drug and/or alcohol use created problems	?	Work	School	
Family Intimate relationships	Health	Spiritual		
Longest period of sobriety and/or clean time?		Month (s)	_Years	
What method did you use to stay sober or clean?	12 ste	p program (AA/NA)		
Religion Mental Health Outpatient	**	Resident Recovery		
Other				
Why did or didn't this method work?				
Past or current withdrawal symptoms? If yes, explain				•
List family members with substance abuse dependency				
*				
Have you ever contemplated or attempted suicide?			(Y)	(N)
Are you currently suicidal or homicidal?			(Y)	(N)
Have you ever harmed anyone due to alcohol or drug use?			(Y)	(N)
List major medical issues or surgery (current or past)			•	
Eye s	surgery			
Date of last Physical Last STD	Test?	Results?	POS	NEG
Mark Mark Mark Mark Mark Mark Mark Mark				
Mental Health or Substan	ce abuse Treatn	nent History		
Please identify any past treatment experiences.				
Place		Lawrence &		
Date Completed?	///	Inpatient	_Outpatient	
Completed?	(Y)	(N)		
Place		Inpatient	Outpatient	
Date Completed?	(Y)		_Outpationt	
	<u> </u>	· · · /		
Place		Inpatient	Outpatient	
Date Completed?	(Y)	(N)		
List any and all Mental Health diagnosis you have received from	om a professiona	and the date of diagno	sis	
N	one		8	
			····	
Last date of use and substance used?				
Have you used any of the following in the last 30 days?		THC BENZ	AMPH	Opiates
Place X in box	950-1140-00000000			
Alcohol Cocaine Morphine LSD Inhalants	PCP	Others		

Mental Health or Substance abuse Treatment History (cont.)

Prescribed Medications				<u>(Y)</u>	(N)
If yes Type	Date P	rescribed	Purpose	Comments	
		5			
Name and number of Prescribin	g Physician				
		Social	History		
List persons who currently live in	n your househo	old			
Name			Age	Relationshi	p
Who are you closest with in you	r family and wh	ıy?			
Do you have children?	<u>(Y)</u>	(N)	If Yes, List first n	ames, ages and sex	
Are you married? Have you been divorced?	(Y) (Y)	(N) (N)	If yes, how long? If yes, how long?		
Specifically, how has your subst			riage?		
Comments concerning family rel	ationships?				
Are you currently involved in an instance of the second se	intimate relatio Marrie		e Dating Sex	(Y)	(N)
ls this relationship supportive or	destructive of y	our recovery?	Plea	se explain	

Social History (c Do you have family or friends in whom you confide?	ont.) Please explain	<u>(Y)</u>	(N)
Do you have a supportive relationship with someone in regards to yo If so, who	<u>(Y)</u>	(N)	
Do you have any leisure activities you enjoy?			
List any clubs, organizations, etc In which you engage in			
Do/Did you have any religious or spiritual affiliations? If yes, please explain		<u>(Y)</u>	(N)
Employment			10000000000000000000000000000000000000
Are you currently employed? If so, where and for how long?		<u>(Y)</u>	(N)
Do you have any reason to believe you may not be employed within t	he next six months?	00	40
If yes, why and what are your plans to find new work?	<u>(Y)</u>	(N)	
If not employed, are you willing and able (mentally & physically) to wo What's the longest period you held employment and where? Do you have any skills or training? If so , please list	ork?	<u>(Y)</u>	(N)
Employment History (Last 3 Jobs, Excluding side jobs) Employer Start Date E	ind Date Reason for lea	aving or te	rmination
Education			
High School Grad (Y) (N) GED (Y) If yes to college, please list college and degree	(N) College	(Y)	(N)
Military			
Please list any military experience you have had (include dates of se	rvice and type of discharge)		
3			

Legal

Are you directed by court for service Have you ever been arrested, other		enses?				(Y) (Y)	(N) (N)
Have you ever been convicted of a	crime					(Y)	(N)
Are you presently on parole or prol	bation?					(Y)	(N)
If yes, name and number of your pa	arole officer			NA		3-7	
Do you currently have any court da	ites pending?					(Y)	(N)
If yes, list what court's), Date's) and	d reason					<u> </u>	
Complete legal History:							
Offense	Age	Co	ourt Sentend	e e	Plac	e of Inca	rceration
	Cur	rent Financial	Information	1			
Do you currently have any cash? If so, how much?						<u>(Y)</u>	(N)
Do you have a checking account?						770	
Name of Bank and current balance						(Y)	(N)
Do you have a savings account?	9					(Y)	(N)
Name of Bank and current balance						(1)	(14)
Do you have access to any other in	come?					(Y)	(N)
If so, where and how much?						1.7	1.17
Are you completely without financia	l resources?					(Y)	(N)
Source of Income	None	Emplo	yment	Disability	Unemplo		ompensation
(place an X where appropriate)]	•
	Pension	Family	Organizati	onal Support	(church, a	gency, st	tate, etc.)
Usus offen de concession in a concession	Other						
How often do you receive income?	Ĩ	Weekly	Bi-Weekly	Monthly	Other	7	
Total amount you receive each mor	- L oth?				1)	
, , , , , , , , , , , , , , , , , , ,							
Do you expect to receive any incom	e within the nex	t six months, e	excluding you	ır regular inc	ome source	?	
(tax return, family , etc.)			•	•		(Y)	(N)
If yes, from who and how much?	****					<u> </u>	
If you currently do not have a check	ing/savings are	you legally abl	le to open on	e?		(Y)	(N)
Debts Debtor		Amoun	t Owed	Monthly	Payment	Total A	mount Owed
			120	\$	\$		\$
				\$	\$		\$
		···		\$	\$		\$
				\$	\$		\$ \$ \$
A so vou villim m to b				\$	\$		
Are you willing to have your income		u mundh amalas				<u>(Y)</u>	(N)
Do you owe court costs /fines? If so	o, To where, no	w much, and w	nen are payr	nents due?	Dua Det		
				<u> </u>	Due Date		

Entry Date and Time				_		~× , ,
Drug Screen Results	POS	NEG	Comments	#1-1-10		
Emergency Contact						
By signing below I declare that the	information	above is true	and accurate to the bes	st of my knowledge		
Client Signature					Date _	
Comments:						
			*			
				-		
Director Signature				3	Date	

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