



Admission Questionnaire

Today's Date: _____

Name _____ Age: _____ Gender: _____ Race: _____

Current Address: Street _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ County _____

Social Security# _____ DOB: _____ Birthplace _____

County _____ State: _____ Height _____ Weight _____ Hair Color _____

Eye Color _____

Marital Status: Married/Cohabiting _____ Divorced _____ Single/Never Married _____

If married/cohabitating: Spouse/Significant other's name _____

Do you have children? _____ If so, how many? _____

Name _____ Age _____

Name _____ Age _____

In case of emergency, notify _____

Telephone (____) _____ **Relationship** _____

Telephone (____) _____ **Relationship** _____

Email Address For Family Sessions: _____

Medical History of the Patient

Medical Problems: _____

Allergies: _____

Seizure history: _____

Symptoms of past detox withdrawals from drugs/alcohol _____

Past Hospitalizations/surgeries (medical): _____

Do You have health insurance? _____

What Prescription or no-prescription (over the counter) drugs do you take currently for medical/psychiatric issues?

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Name _____ Amount _____

Why Do You Feel That You need Help at this time and admission:

Substance Abuse Information

(This information is confidential and will not affect your acceptance)

Check what you currently use/used and how often and date of last use?

_____ Alcohol- amount _____ how often _____ date of last use _____

_____ Marijuana- amount _____ how often _____ date of last use _____

_____ Heroin – amount _____ how often _____ date of last use _____

_____ Cocaine/Crack Cocaine- amount _____ how often _____ date of last use _____

_____ Pills (Pain): (Oxycontin, Vicodin, Percocet) – amount _____ how often _____
date of last use _____

_____ Amphetamines: (Crystal meth, Adderall etc) – amount _____ how often _____
date of last use _____

_____ Tranquilizers: (Valium, Xanax, Ativan– amount _____ how often _____
date of last use _____

Longest period of abstinence from your drug of choice: _____

Backouts/Seizures? _____

Suicidal attempts? _____ **Last attempt?** _____

Suicidal Thoughts? _____ **Last thought?** _____

Prior Treatment facilities: _____

Prior Detox facilities: _____

Mental Health

Are you suicidal? _____ Have you ever tried to commit suicide? _____ Date _____

If yes, explain _____

Have you ever been diagnosed with Mental Health Diagnosis? _____ Outcome _____

Have you ever heard voices? _____ If yes, When? _____ Outcome? _____

Have you ever had visual hallucinations? _____ If yes, When? _____ Outcome? _____

On a scale of 1 to 10, how serious a problem do you think you have with drugs or alcohol?

(Circle one)

(No problem) 1 2 3 4 5 6 7 8 9 10 (very serious)

On a scale of 1 to 10, how motivated are you to make changes in your life at this time?

(Not at all) 1 2 3 4 5 6 7 8 9 10 (very motivated)

Is there any physical limitations that you have that may prohibit you from outdoor activities, exercise, bike riding, swimming, walking, performing daily activities while in the center? Please explain:

Legals

Are you currently on probation? Yes _____ No _____

If yes, Probation Officer's name _____

Address _____ Telephone (_____) _____

What is your current offense and status? _____

Attorney Information: _____ (if applicable)

List all Prior/Current Convictions:

Including DUIs

Offense _____ Disposition _____ Date of Disposition _____

Have you ever been a victim of a violent crime? _____ If yes, please explain _____

Have you ever committed/been charged with a sexual offense? _____ If yes, explain _____

Educational Information

High school graduate? _____ GED? _____ Last grade completed: _____

College Graduate? _____ Years completed? _____

Difficulty reading? _____ Any educational goals? _____

If so, what are they? _____

Affirmation

I affirm that my answers and information provided by me in this application are true and accurate. I understand that if I am accepted, any misinformation and/or dishonest answer may be grounds for my dismissal.

Signature _____ Date _____