

Screening date: \_\_\_\_\_ County #: \_\_\_\_\_ Authorization#: \_\_\_\_\_ Status: New  Returning

Client Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Veteran: \_\_\_\_\_ Yes \_\_\_\_\_ No

Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_ Yes \_\_\_\_\_ No # \_\_\_\_\_

Custody: \_\_\_\_\_ Yes \_\_\_\_\_ No # In Household: \_\_\_\_\_ Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Education: \_\_\_\_\_

DSS/Court Involvement: \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, why? \_\_\_\_\_

Legal History: \_\_\_\_\_ Domestic Violence: \_\_\_\_\_ Yes \_\_\_\_\_ No

Social History: \_\_\_\_\_ Chronically Homeless: \_\_\_\_\_ Yes \_\_\_\_\_ No How Long: \_\_\_\_\_

Primary Reason: \_\_\_\_\_ Secondary Reason: \_\_\_\_\_

Employed: \_\_\_\_\_ Yes \_\_\_\_\_ No Income: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Work History: \_\_\_\_\_ Disability: \_\_\_\_\_ Yes \_\_\_\_\_ No

Military Branch of Service: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Medicare/Medicaid \_\_\_\_\_ Yes \_\_\_\_\_ No # \_\_\_\_\_ Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_ Yes \_\_\_\_\_ No

Medical Illness: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Last Seen: \_\_\_\_\_ Reason: \_\_\_\_\_

Allergies: \_\_\_\_\_ Yes \_\_\_\_\_ No

Mental Illness: \_\_\_\_\_ Yes \_\_\_\_\_ No

Suicidal Ideation Present: \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason for Referral: \_\_\_\_\_

Drug Usage History: \_\_\_\_\_ Alcohol \_\_\_\_\_ Cocaine \_\_\_\_\_ Amphetamine \_\_\_\_\_ Cannabis \_\_\_\_\_ Opioid \_\_\_\_\_ Other \_\_\_\_\_

Drug of Choice: \_\_\_\_\_ First Use: \_\_\_\_\_ Frequency: \_\_\_\_\_ How Much: \_\_\_\_\_ Last Use: \_\_\_\_\_

Treatment History: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Reason for Discharge: \_\_\_\_\_

Staff Signature: \_\_\_\_\_