

TREATMENT INTAKE (Cont'd.)

When growing up, how were you disciplined? _____

Have you ever been physically/sexually/emotionally abused? YES or NO
If YES, please explain: _____

Have you ever physically/sexually/emotionally abused anyone? YES or NO
If YES, please explain: _____

Have you, or any member of your family, ever been referred to a family advocacy program because of physical or sexual abuse and/or violence? YES or NO

Are you currently living with your spouse or significant other? YES or NO
If NO, please explain _____

Are you currently having problems in your relationship? YES or NO
If YES, please explain: _____

How many times have you been married? _____

Date of marriage	Date of divorce/death	Reason the marriage ended
_____	_____	_____
_____	_____	_____

Do you have any children? YES or NO
If YES, what are there ages and gender? _____

Are your children living with you? YES or NO
If NO, please explain: _____

Do your children have any physical, emotional, or psychological problems, disabilities, or challenges? YES or NO

If YES, please explain: _____

Do you have any extended family members living with you? (parents, siblings) YES or NO

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3. Social support

Who would you say really cares about you? _____

Have you recently withdrawn from friends or family? YES or NO

If YES, please explain: _____

Do you belong to any groups or organizations that are supportive and helpful to you? YES or NO

If YES, which groups? _____

4. Perception of own strengths and weaknesses

What do you like about yourself?

What do you dislike about yourself?

What would you change about yourself?

5. Spirituality

Do you believe in a concept of God/a supreme being/a higher power of some kind? YES or NO

Has your belief about God/supreme being/higher power changed during your lifetime? YES or NO

If YES, please explain: _____

Please explain your spiritual or religious practices. _____

Would you like spiritual / religious support? YES or NO

If YES, please explain: _____

6. Education

Circle the highest level of education you have completed:
elementary school, junior high/middle school, high school, vocational/technical
school, some college, 2-year college degree, 4-year college degree, graduate degree,
Ph.D. other: _____

What type of grades did you receive: ___ poor ___ average ___ good ___ excellent

Describe any learning difficulties you may have and your preferred method of learning.

What type of school activities were you involved in _____

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Did you have any disciplinary problems in school: YES or NO
 If YES, please explain: _____

Do you have any limitations that would hinder your ability to participate in treatment?
 (i.e. difficulty hearing, seeing, reading, writing) YES or NO
 If YES, please explain: _____

Are you currently taking education/college courses? YES or NO

If NO, do you want to start taking education/college courses? YES or NO

7. Legal

Have you ever been arrested or detained? YES or NO
 If YES, please indicate below

Date of arrest or detention	Reason/Charges	Was alcohol or drugs a contributing factor to your arrest or detention
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently on probation/parole? YES or NO
 If YES, please explain: _____

Do you presently have any other legal problems? YES or NO
 If YES, please explain: _____

8. Sexuality

Have you had any sexual problems? YES or NO
 If YES, please explain: _____

Do you engage in unsafe sex? YES or NO

Has any past or current sexual behavior gotten you in trouble? YES or NO

9. Leisure/Recreational

What are your recreational activities?

Do you engage in any of these activities while using alcohol or drugs? YES or NO

Are you frequently bored? YES or NO
 If YES, please explain: _____

10. Vocational History

What is your current job? _____

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Are you having problems with your current job?

YES or NO

If YES, please explain: _____

Describe your job history. _____

11. Financial

Do you currently have any financial problems?

YES or NO

If YES, please explain: _____

Do you gamble?

YES or NO

If YES, how often: _____

Would you like to receive financial counseling?

YES or NO

Are you currently receiving any financial assistance?

YES or NO

12. If you would like, use this space to provide any additional information you feel is important.

Patient Signature _____ Date _____

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