The Straight and Narrow Transitional Living

Personal History and Intake Assessment

Name:	_ Date of Birth:	Gender: F M
Contact Phone:	_ Contact Name (if not	: self):
Other contact info (email, Faceboo	k, etc)	
Mailing address:		
Present Legal Status (probation, pa	arole, diversion, drug co	urt, etc):
Circumstances that brought you to substance abuse/ dependency)	the S&N (homelessness	s, probation, seeking help,
Family Information		
Marital Status:	Children: _	
Please list how many children and	their ages:	
Do you have a family history of dru If yes, please explain:	ig abuse problems? Yes	No
Current Living Situation		
Where do you currently live?		

How many people live in your household including yourself?
What is your current gross income (amount you earn before deductions): \$
What resources do you have to support yourself?
Do you have any other type of support?
Do you have any past debt that needs to be paid (past rent, unpaid bills, student loans, court fines, etc)? Please specify:
Educational Background
Do you have a high school diploma or GED?
Are you currently enrolled in any type of school? Yes No If so, where are you attending?

If no, would you like to be enrolled in any type of school, training or trade program? Please explain:

<u>Religious/Spiritual Affiliation</u>

Do you have any religious or spiritual affiliation? Yes	_ No
If yes, please explain:	

Military Experience

Do you have any military experience? Yes ____ No ____

If yes, please explain:

Employment Record

Please tell us about your employment history starting with your present employer

Date of employment	Employer	Position	Reason for Leaving

Legal History

Please describe all of your past and present legal charges in the following section:

When did the charges occur	What was the charge	What was the outcome Probation, Parole, Incarceration

Alcohol and Drug History

Type of substance	Age of first use	Amount Used	How often	Method of use	Longest period of abstinence	Last used

Treatment History

When did you attend program	What type of program did you attend	How long did you attend the program	Were you court ordered to attend the program

Medical History: Please check all that apply

Diabetes	Difficulty Staying Awake	Difficulty Sleeping	High/Low Blood Sugar	Difficulty Breathing
Heart Problems	Fatigue	Changes in appetite (increase or decrease)	High/Low Blood Pressure	Cancer
Blackouts	Frequent Headaches	Hepatitis A, B, C	Frequent Stomachaches	Pancreatitis
Ulcers	Gastritis	Hallucinations or Delusions	Epilepsy	HIV/AIDS
Anxiety	Depression	Tuberculosis	Suicidal Thoughts	Other STD's

Medications:

Medication	Dosage	Why are you taking	What is the medical diagnosis	Are you currently taking medication

Please list the name and phone number of your medical doctor:

Have you ever shared needles with anyone? _____

Have you ever engaged in risky sexual behavior? (please explain_

Have you ever been a victim of sexual or physical abuse? (please explain)

Have you ever perpetrated sexual or physical abuse upon someone else?

Have you ever attempted suicide or have/ had sever suicidal/ homicidal ideations?