

Interview Date: _____

Do you have a substance abuse problem? Yes ___ No ___

Do you have a mental health diagnosis? Yes ___ No ___

Have you ever used IV drugs? Yes ___ No ___

Screening/Admission Application

Personal Information

Name: _____ Date of Birth: _____

Social Security Number: _____ (leave blank if you do not have one)

Do you have your Social Security card? Yes ___ No ___

Address: _____ (leave blank if you do not have one)

Contact Number: _____ Military/Branch of Service: _____

Are you a United States Citizen? Yes ___ No ___ Place of birth: _____

Do you have a valid driver's license? Yes ___ No ___ If not, why? _____

If no driver's license, do you have an ID? Yes ___ No ___ If not, what do you have to do to get one? _____

Sex: Male Female Race: _____ Physical Handicaps: Yes ___ No ___

If yes, please explain: _____

Married Single Separated Divorced Widow

Do you receive Medicaid/Medicare? Yes ___ No ___

How many children do you have? _____ What are their ages? _____

Are they currently involved with DCF, welfare system or other services? Yes ___ No ___

If yes, please list: _____

If DCF is involved, who is/are the caseworker(s)? _____

Any other pertinent information about your children such as where they are placed with or with whom?



Psychiatric History

Have you ever received counseling for mental health issues? Yes ___ No ___

If yes, where and with whom: _____

Reason? _____

Dates of treatment: _____

Are you currently on any medications? Yes ___ No ___

If yes, what? _____

Have you ever been diagnosed with a mental health disorder? Yes ___ No ___

If yes, please list ALL diagnosis given: _____

Have you ever been prescribed medication for a mental health disorder? Yes ___ No ___

If yes, please list medication: _____

Have you ever attempted suicide? Yes ___ No ___

If yes, when? _____ Please describe: _____

Have you ever needed help with your emotional problems or told someone you needed help?

Yes ___ No ___

Have you ever been told you have a mental health issue, or have you been experiencing anxiety, depression, any other emotional problems, or hearing voices? Yes ___ No ___

If yes, when? _____ Please describe: _____

Substance Abuse History

Do you drink alcohol? Yes ___ No ___

Have you ever experimented with drugs? Yes ___ No ___

Have you ever felt you ought to cut down on your drinking or drug use? Yes ___ No ___

Have people annoyed you by criticizing your drinking or drug use? Yes ___ No ___

Have you ever felt bad or guilty about your drinking or drug use? Yes ___ No ___

Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover? Yes ___ No ___

Are you an IV drug user? Yes ___ No ___

Longest period of sobriety? _____

What precipitated relapse? _____

Drug of choice? (1) _____

(2) _____

(3) _____

Substance Use History

<u>Substance</u>	<u>Age Use Began</u>	<u>Frequency</u>	<u>Route Administered</u>	<u>Last Used On</u>
Alcohol	_____	_____	_____	_____
Marijuana	_____	_____	_____	_____
Opiates <i>Heroin, Fentanyl</i>	_____	_____	_____	_____
Other Opiates <i>Lortab, Oxycodone, Percocet, Dilaudid</i>	_____	_____	_____	_____
Methadone	_____	_____	_____	_____
Buprenorphine <i>Suboxone, Subutex</i>	_____	_____	_____	_____
Benzodiazepine <i>Valium, Xanax, Librium</i>	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Crack	_____	_____	_____	_____
Methamphetamine <i>Other Amphetamine</i>	_____	_____	_____	_____
Other Stimulants <i>Molly</i>	_____	_____	_____	_____
Synthetics <i>K2, bath salts, GHB, Kratom, Flakka</i>	_____	_____	_____	_____
Hallucinogens <i>LSD, MDMA, PCP, Mushrooms, Ketamine</i>	_____	_____	_____	_____
Inhalants <i>Duster, glue, solvents</i>	_____	_____	_____	_____
Barbiturates	_____	_____	_____	_____
Other Substances	_____	_____	_____	_____

Substance Abuse Treatment History

<u>Facility Name</u>	<u>Residential/Outpatient</u>	<u>Dates at Facility</u>	<u>Outcome</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any other substance abuse information not asked?

Our staff is committed to help you deal with any substance abuse and/or emotional problems you may have, but we can only do this if we are aware of your problems.

Please list any further information we did not ask that you think could be helpful:

Education

Highest Grade Completed: 1-12 years ___ College (1-4 years) ___ Post Grad (1-4 years) ___
Certificate/Degree (including high school diploma, GED, Vocational Certificates, College or other achievements):

Legal History

Do you currently have a legal problem? Yes ___ No ___

Do you currently have a case pending? Yes ___ No ___

If yes to either question, please explain: _____

Are you currently on probation? Yes ___ No ___

Are you currently on Community Control? Yes ___ No ___
If yes, who is your Probation Officer? _____
Have you ever been to prison? Yes ___ No ___
If yes, how long? _____ For what? _____
DC# _____

Medical History

Do you have past or present medical issues? Yes ___ No ___
If yes, please describe: _____

Employment History

Please note it is MANDATORY that you seek and gain employment if accepted into our Residential Program

Do you currently work? Yes ___ No ___
If yes, where? _____
If no, please list where and when you last worked: _____

Are you able and willing to work? Yes ___ No ___
If not, please explain: _____

Interviewers Comments

I AM CAPABLE OF SELF PRESERVATION:

To the best of my knowledge, the above is true and accurate. If it is found that any part of your application is not true, you are running the risk of not being accepted into Space Coast Recovery or being discharged if you have been accepted. If anything changes with the above information, you will notify staff immediately prior to admission.

Please sign and date under **screening** section only.

Screening

Applicant Signature Date

Interviewers Signature Date

Admission

Client Signature Date

Intake Staff Signature Date

Consent for Initial Interview and/or Treatment

Before we begin working with you, we are required to have your consent for interview and/or treatment. Please read the following statement and sign your name where indicated.

Any reasonable foreseeable risks or discomforts that may be encountered as a result of my participation in the program have been explained to me. I have been informed that these may include situations such as emotional discomfort, physical discomfort, or breach of confidentiality. If I experience unusual psychological distress as a result of my participation in this interview/treatment, the counseling staff is available to assist and/or refer me for additional support. I have also been advised of all the appropriate steps that will be taken to insure my confidentiality with regards to my participation in the program.

My signature below certifies that I am submitting an application for interview and/or treatment at Space Coast Recovery, Inc. with a full understanding of my rights. I hereby give my consent for Space Coast Recovery staff to begin the initial interview and/or treatment.

Client Signature

Date

