COMMUNITY RECOVERY RESOURCES

PRE-ADMISSION SCREENING QUESTIONNAIRE

CLIENT INFORMATION	
Screening - Date/Time	Intake - Date/Time
Phone # Where you can be reached	Check In Dates
Name	Service requested?
Address	County
Age	Funding/Insurance Source?
Monthly Income: Source of Income:	MALE ☐ FEMALE ☐ Ethnicity:
Do you have children? YES ☐ NO ☐	How many? Ages Gender
Current Medications?	Names & amounts taken daily? Current Supply for how long?
Current Doctor's name?	Doctor's contact ☐ NO ☐ May we contact Doctor about your condition? YES
Medical Problems?	Current Psychiatrist name? Diagnosis?

Primary and Secondary Drug of 1) 2)	Last use? Route of Administration?
How long have you used?	Last date of Physical? Last date of TB Test?
Probation/Parole? YES ☐ NO ☐	Probation/Parole Officers name?
Prior Arrests for?	Sexual Offense History? YES ☐ NO ☐ Are you a registered sex offender? YES ☐ NO ☐
Significant Other?	Where referred?
Prior Treatment?	Violence Offense History? YES ☐ NO ☐
Family Support?	Where referred?

QUESTIONS FOR MENTAL HEALTH	
YES ☐ NO ☐	Have you ever been worried about your thinking, feeling, or acting?
YES ☐ NO ☐	Has anyone ever expressed concerns about how you your thinking, feeling, or acting?
YES ☐ NO ☐	Have you ever harmed yourself? Or thought about harming yourself?
QUESTIONS FOR ALCOHOL & DRUG USE	
YES ☐ NO ☐	Have you ever had any problems related to you use of alcohol and or other drugs?
YES ☐ NO ☐	Has a relative, friend, doctor, other health worker, ever been concerned about your drinking or other drug use, suggested cutting down?
YES ☐ NO ☐	Have you ever said to another person, "No I don't have (an alcohol or drug problem," when around the same time you questioned yourself and felt *maybe I do have a problem?*
QUESTIONS FOR TRAUMA/DOMESTIC VIOLENCE	
YES ☐ NO ☐	Have you ever been in a relationship where your partner has pushed or slapped you?
YES ☐ NO ☐	Before you were 13, was there any time you were punched, kicked, choked, or received a more serious physical punishment from a parent or other adult?
YES ☐ NO ☐	Before you were 13, did anyone ever touch you in a sexual way or make you touch them when you did not want to?
IS THERE ANYTHING THAT WOULD HAVE MADE THIS QUESTIONNAIRE MORE WELCOMING?	
Response?	

REFERRALS AND RECOMMENDATIONS		
Screener:	**Signature:**	**Date:**