



Intake Form

First Name: Last Name: Date of Birth:
Address:
Email address: Phone N: Marital status: Married Unmarried
Referral source: Intake Date: Sober Date:

Pending Charges: Yes No Ever been convicted of a crime: Yes No
If so, what Charges?
If so what:
Are you on parole or probation: Yes No
If so officer and phone number:
Highest grade completed: Type of work:
Are you employed: Yes No
If so where:

Drug/Alcohol history:
Age of first use: Do you use tobacco: Yes No
Do you have a history of trauma? Yes No
Mental illness diagnosis:
Medications: Yes No
If so dosages:
Emergency contact name: Relationship: Phone number:
Previous drug/alcohol treatments:
Longest period sober:
History of drug /alcohol use in the family:

History of mental illness in the family: