OutPatient Detox Center of Boca.
2499 Glades Rd.   Suite #301
Boca Raton FL. 33431
Tel: **561-750-9900** Fax: 561-368-7790
www.BocaDetoxCenter.com

Client Intake Form:

Client Name:
Last: ___________________First: ___________________DOB:__________
Age: ______ Height: _____________ Weight lbs.: _______ Sex: M / F / Other.
SS# ____-____-_____   Last Period: _____________ Are you pregnant? **Yes / No**
Address:_____________________________________ County:______________
City: _____________________ State: _____________ Zip: ______________
Cell # ______ __________________ H:___________________ W:______________
Email Address: ____
Emergency Contact Name:____________________ Relationship to Client: _______
Emergency Contact Tel # ______-____-________
Primary Care Physician: _________________________ Tel. # _____-____-______

Past Medical History:
Current/Past Medical Conditions: (check all that apply).
__Hypertension __Diabeties __Head Trauma __Liver problems __HIV/AIDS
__Thyroid disease __Hepatitis A/B/C __Pancreatitis __Seizure disorder
COVID-19 Virus (test/results) **Y /N Pos / Neg.**
Other Conditions:____
Psychiatric or Mental Conditions? (check all that apply).
__Depression __Anxiety __Bipolar __ Addiction
Other Conditions: ____.
Are you treated by a Psychiatrist? **Y / N.** Name/Tel# _________________________
Any Family members with Medical or Psychiatric History of the above
conditions?? **Y /N** Who and What?____________________________________.

****ALLERGIC REACTIONS?** Y / N.   List meds,foods,stingers, supplements etc.

List ALL prescribed Antidepressants used in the Past or Present.

____.

List ALL prescribed medications:_________________________________

____.

Social History:

Do you smoke Cigarettes? **Y / N**. How many daily? ____ How many years. ____

Do you use Marijuana? **Y / N**. What is your daily usage in grams or joints? _____

Do you use, misuse or abuse Narcotic/Opiate Medications? **Y / N**.

How much money do you spend daily on average for your high??

___Under $100, ___$100-$200, ___$200-$500, ___Over $500 p/d. $$_____.

Do you work? **Y / N**. If Yes, What type of work? ____________________.

Do you live with or do you associate with people who use/abuse drugs? **Y / N**.

List your drugs of choice used to get high.

Heroin/Oxy/Vicodin/Cocaine/Stimulants/Opioids/Tranquilizers/Xanax/Sleeping Pills/Neurontin/Cough Medication etc.

Please List ALL medications, dosages, and frequency that you have been using over the last 7 days?

____.

How many years have you had your drug abuse disorder?? _____________.

Have you attended an Inpatient Detox Program? **Y / N.**

When did you attend? ________. How many programs have you attended? _____.

When was your last day in a treatment facility? _________

Have you attended Outpatient Detox Programs? **Y / N.** Date of last visit.______.

Have you returned to drugs after a program? **Y / N**.

How long were you drug free? _______Months.

Please indicate why you had a setback. Ex. Personal problems, chronic pain, emotional problems or personal weakness??

____.

______Initials.

Why did you first start using drugs to get high? ____________________________.
Were they prescribed by a doctor for Acute Pain? **Y / N**.
Prescribed for Chronic Pain? **Y / N**. Started for pleasure? **Y / N**.
Why did you fail opiate detox in the past? (ex. Severe pain re-occurred during my detox titration treatment **or** peer pressure was too great and I wanted to get high?
____.
What was the name of the detox medication used? (Suboxone, Subutex, Vivitrol).
____________. What was your titration dosage before relapse? ______________.
What was your Daily Initial & Maintenance dosage? ________//_________.
What was the longest time period that you remained free of Opioids?______.
When was the last time you used a detox medication? _______.
Why do you think this Detox program will work now, and not in the past?____.
Are you presently on Opioids or Detox medication? _______________________.

Please indicate accurately the date, times, name of medications and dosages taken in the **last 24 hours.**
(Ex. Last pills were (2) oxy 30 mgs by mouth at 9am.) 3 @ 10pm, 2@2pm and 2@9am yesterday. (9 oxy pills @ $10 per pill. Cost $90 p/d.)
Xanax 2 mgs @ 8am and 2mgs at 9pm yesterday.
Adderall 30 mgs 1 tablet at 7:30am today.
Approximately how many pills and their names that you take daily for your high? (ex. Some days 6 pills of oxy 30 mgs, other days 8-10 pills depending on availability or cost) Please indicate your usage below.
____.
How much does it cost per pill? _______. Your Total Daily Cost? ____________.

Today is the First Day of the Rest of Your Life.

Print Name: Last:______________________First:_________________

Signature: _____________________________

Date: ___/___/ 2020

Physician: John Girard MD