

# INSIGHTFUL PATHWAYS LLC

354 Jefferson Avenue  
New London, CT 06320  
(860) 879-4060 PH  
(860)326-7986 FX

## Pre-Entry Screen

Staff Member: \_\_\_\_\_ Date of Screen: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F T

Referral Source: \_\_\_\_\_ Entry Date: \_\_\_\_\_

Co-occurring Diagnosis Prior Treatment(s): \_\_\_\_\_

Recovery Residence History Drug(s) of Choice: \_\_\_\_\_

Any IV Opiate Use: Y N \_\_\_\_\_ Recovery Time: \_\_\_\_\_

Medications: \_\_\_\_\_

History of Self Harm: \_\_\_\_\_

Recent Suicidal ideation Homicidal ideation: \_\_\_\_\_

Relationship Status: \_\_\_\_\_ Children: Sexual Orientation: \_\_\_\_\_

Work Experience/Plan: \_\_\_\_\_

Parent/Family Support: \_\_\_\_\_

TB Test Y N (Must bring or have copy of results) Fees Discussed: Y N \$ \_\_\_\_\_/mo.

Ever been arrested, convicted, or questioned for any violent or sexual crimes: Y N

Any outstanding warrants: Y N

Legal Issues: \_\_\_\_\_

Are you legally mandated to be here? Y N Legal Charge? \_\_\_\_\_

Vehicle: Y N Valid License: Y N Drug Screens Discussed: Y N Location Preference: Interview