Stronger Together

Intake Form

Personal Details

First Name: _____Middle Name: _____

Last Name: _____ Maiden Name: _____

Date of Birth: ___/___/_____ Age: _____

Contact Info:

Email: _____ Phone Number: _____

Most Recent Address:

_____

Emergency Contact:

Name: _____ Relation: _____

Address: _____

Phone Number: _____

Current Relationship Status (Circle all that apply): Married Separated Divorced In a Relationship Widowed Single/Never Married

Is your significant other also addicted?

Where are they presently living?

Do you in any way fear for your safety resulting from past relationships?_____

If yes, please explain in detail at the end of this form.

Are you currently or do you suspect you may be pregnant? _____

Children: _____Ages/Gender/s: _____

Do you have custody of your children? _____

If no, where are they living? _____

Education/Last Grade Completed: _____

Language/Languages Spoken: _____

Were you raised within a specific religion?_____

Do you currently practice that or any other religion or how do you identify within a specific faith, if at all? (There are no wrong answers)

_____

How did you hear about us? _____

Substance Use History

What is your substance of choice?

_____

Please list any additional substances used/abused in the past 6 months:

_____

_____

_____

How long have you been consistently using/addicted? _____

Are you presenting symptoms of withdrawal: _____

Are you currently on any Medically Assisted Treatment? _____

If yes, please ensure you have at least 5 days dosage prior to arrival or immediate access to your refill.

Have you attended any other type of inpatient or outpatient substance abuse treatment? _____

If yes, when and for how long? _____

Are you currently working with the Courage Center or The Aiken Center or any other treatment programs? If yes please describe

_____

Medical History

Do you have any physical limitations that would prevent you from working and/or walking up and down Stairs? If yes please explain_____

_____

_____

Do you have any medical conditions that require medication and/or ongoing medical treatment?

_____

_____

_____

Please list ALL medications currently taken both over the counter and DR prescribed:

_____

_____

_____

Have you been prescribed medication you are not presently taking for a current medical condition? If yes, what is the medical diagnosis? Why are you not taking this currently?

_____

_____

_____

Have you ever received a mental health diagnosis? If yes please describe including at what age?

_____

_____

_____

Legal Issues

Are you seeking services with our program because you are required to by any legal authority? _____

If yes, please explain the sentence and requirements of the sentence:

_____

_____

_____

Are you on Probation/Parole, or under an open DSS case in any county/state? Please describe

_____

_____

_____

Do you have any unsettled cases or active warrants in the State of SC or GA?

_____

_____

Contact information for Probation/Parole/DSS caseworker:

_____

_____

Prior Convictions:

_____

_____

_____

_____

Are you required to register as a sex offender?

_____

_____

Recovery Goals:

Describe your current and future goals for your recovery

_____
_____
_____
_____

Describe your current life circumstances, including work, relationships, health, and/or major challenges/safety concerns not already described above

_____
_____
_____
_____
_____
_____
_____
_____
_____

(use back of sheet if needed)

I acknowledge all questions were answered to the best of my ability and that I have disclosed all important information that may impact the well being of myself and the group home community.

Signed this _____ Day of _____, 20_____

_____ _____

Printed Name Signed Name

Stronger Together NFP recognizes the rights of all individual's privacy and holds each person's confidentiality in the highest regard. Any information disclosed will be done with the consent of the resident prior to discussing confidential information and used solely to assist the resident obtain necessary services. No information will be disclosed to any party without the written, documented consent of the resident.