CLIENT INTAKE APPLICATION

Capstone Recovery Center Inc.

Full Name First	Middle	Last			Date

Address	City	Zip

Social Security #	Date of Birth	Place of Birth	Age	Sex	Race / Ethnic Origin

Source of Referral: ✈ Self ✈ Family/Friend ✈ Hospital ✈ Pastor ✈ Other -

Present Marital status : ✈ Never Married ✈ Single ✈ Engaged ✈ Married ✈ Separated ✈ Divorced # _____ times ✈ Widowed

Home Phone	Work Phone	Employer	Employer's Address
( )	( )		

Other sources of income

Insurance Company	Policy Number

Emergency Contact Relation Phone ( )

List family members (children, parents etc) (Name)	Relation	Age	Alive	Deceased
1. (Father) _____	_____	_____	_____	_____
2. (Mother) _____	_____	_____	_____	_____
3. (Bro./Sis) _____	_____	_____	_____	_____
4.(1/2 Bro/Sis) _____	_____	_____	_____	_____
5. (Sons/Daughters) _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

What problems are you experiencing that you feel you need help with?

1. _____

2. _____

3. _____

What prescription medication are you presently taking?	Dosages	Purpose
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
What non-prescription medication or over the counter drugs are you presently taking?	Dosages	Purpose
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List any drug allergies:
_____

List any food, chemical, or other allergies:

Are you experiencing any medical problems at the present time? __ No __Yes, explain

_____

_____

_____

How would you describe your present physical health?
Good __
Fair __
Poor __

Date of last check-up __ Unknown	Name of Physician	Phone

Do you have any communicable diseases? __ No __ Yes __TB __ Hepatitis __ VD/STD __ HIV/AIDS
__ Unknown __ Other (explain)

Hospital or In-Patient Treatments (list most recent first) Name of In-Patient facility or Hospital	Treatment Dates	Reason for Treatment, Symptoms	Results of Treatment
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6.			

Do you have any physical disabilities, limitations, limited range of motion, ailments __ No __ Yes (Explain)

_____

Are you able to use normal stairs (Ex. Can you go to the second floor if no elevator is available? __No __Yes

EDUCATIONAL HISTORY

Do you have any problems or difficulty reading or writing?
__ No __ Yes (explain)

If you speak more than one language, what do you consider your primary language?

Has anyone ever told you, or do you think that you may have a learning disability? __No __Yes (Explain)

Were you hyperactive in school or at home? __ No __ Yes

Did you take medication for it? __ No __ Yes (Explain)

Did you skip or miss school a lot? __ No __Yes (explain)

_____

_____

_____

How many different schools did you attend? _____ Did you move around a lot during your school years? __ No __Yes (explain)

_____

_____

Were you ever held back a grade in school? __ No __ Yes
If yes, what grade(s)

What is the highest grade that you completed?

Did you ever get in trouble in school? __No __Yes

Were you ever suspended or expelled from school? __No __Yes

If yes, for what reason? _____

_____

Were you ever involved in fights or other forms of violence in school? __No __Yes (explain)

_____

_____

Were you ever involved with, or a member of a gang? __No __Yes Explain and give details of the type of activities that you did while in the gang.

_____

_____

_____

Do you have a High School Diploma? __No __ Yes
Do you have a GED? __No __Yes

Grade point average:

Did you ever attend a trade or vocational school? __ No __ Yes

_____

_____

_____

_____

Did you ever attend College, or Adult Educational courses at college? __ No __Yes

_____

_____

Are you interested in furthering your education going back to school? __No __Yes

Do you have any certificates or degrees? __No __Yes

What subject or area of interest?

VOCATIONAL & EMPLOYMENT HISTORY

What is your longest period of employment

What company were you working for at the time?

Why did you leave?

_____

What is your longest period of unemployment? What did you do during this time?

What type of work do you do, or what is your job title?

_____

Do you enjoy this type of work? __Yes __No Explain:

_____

What type of work would you rather be doing?

Have you ever been in any branch of the military service? __ No (if no, skip down to next section) __Yes __Active Duty __ Reserve	What branch(es) of service _____	Dates of service From _____ to _____ From _____ to _____	Type of discharge _____

What reasons, situations, or pressures ***caused you to enter*** the military

_____

_____

What was your Military Occupational Specialty (MOS / AFSC)?	Special Training

Did you ever receive an Article 15 or any other form of military discipline? __ No __Yes Explain:

_____

_____

Where were you stationed or deployed?

_____

Were you ever deployed in a combat zone or in a combat support situation? __ No __Yes
Explain:

_____

_____

What was the most difficult or stressful event or circumstance that you experienced in the military?

_____

_____

Have you ever been diagnosed with Post Traumatic Stress Disorder? __No __Yes (Explain)

_____

_____

Have you ever received any services from the Veterans Administration? __No __Yes

Did you use drugs or alcohol while in the service? __No __Yes (to what extent?)

_____

_____

FINANCIAL

Do you receive a Disability or Pension? __ No __Yes Amount $

What is your primary source of income:

Are you ***presently*** receiving SSI or SSD? __No __Yes Amount per month $ Reason:
Have you ***ever*** received SSI or SSD ***in the past***? __No __Yes Amount per month $ Reason:
Are you ***presently*** receiving food stamps? __ No __Yes Amount per month $ Reason

Are you in default, or behind in payments on any (student) loans? __ No __Yes Amount $ Owed to who?

Are you current on reporting your Federal Income Taxes? __Yes __ No Amount of taxes owed $ For what year(s)?

Do you __own your own home or __rent? __ live with parents or other relative

Do you own a car? __No __Yes: Year Make Model

How many credit cards do you own? What is your total credit card indebtedness?

Do you have a savings account? 401K? Other retirement plans

Do you believe you are a good budget planner? __Good __Average __Bad __ None

Have you ever filed for bankruptcy? __ No __Yes: Amount $

How would you describe your credit rating? __Good __Average __Poor __None

LEGAL HISTORY

Have you ever used any aliases, or are you known by any other name or nickname? __No __Yes Explain:

Do you have any charges pending in any court? __No __ Yes
Charge(s):

City	County	State

Do you have any adult convictions? __No __Yes

Date	Charges or Type of Offense	Disposition	Time Served	Institution

Probation or Parole status

ALCOHOL & DRUG USE HISTORY

Do you engage in any behavior that you wish you could stop (compulsive), or are you addicted to any *activity* or substance? __No __Yes (Explain)

1. _____

2. _____

3. _____

4. _____

Have you ever used:

Marijuana	Never	Experimented	Occasionally	Frequently	Drug of choice
Nicotine	Never	Experimented	Occasionally	Frequently	Drug of choice
Liquor/Beer/Wine. . .	Never	Experimented	Occasionally	Frequently	Drug of choice
Cocaine powder.	Never	Experimented	Occasionally	Frequently	Drug of choice
Crack (rock)	Never	Experimented	Occasionally	Frequently	Drug of choice
Heroin	Never	Experimented	Occasionally	Frequently	Drug of choice
Opiates	Never	Experimented	Occasionally	Frequently	Drug of choice
Meth Amphetamines	Never	Experimented	Occasionally	Frequently	Drug of choice
Benzodiazepines. . . .	Never	Experimented	Occasionally	Frequently	Drug of choice
Mushrooms	Never	Experimented	Occasionally	Frequently	Drug of choice
PCP (Angel Dust) . .	Never	Experimented	Occasionally	Frequently	Drug of choice
Ever used needles?	Never	Experimented	Occasionally	Frequently	Drug of choice
Methadone	Never	Experimented	Occasionally	Frequently	Drug of choice
Other _____	Never	Experimented	Occasionally	Frequently	Drug of choice

Any other drug or substance:

If you were to be limited to only one substance (including alcohol) what would it be?

Which drug do you feel causes you **the most overall harm?**
Why?
_____

_____

Has substance abuse been present in any other member of your family, or by anyone else in your home? __ No __ Yes (Explain).
_____

_____

_____

Do you find yourself struggling with ***activities*** such as (CIRCLE ALL THAT APPLY):

Eating Dieting Sexual activities Pornography Relationships Exercise

Gambling Work Computer games Internet/social media Television Telephone

Fiction/Romance novels Sports Dangerous

Other compulsive activities: (explain):

Have you ever ***tried to stop*** (compulsive behavior, or ***reduce your consumption*** of substances) on your own? __ No __Yes
What ways did you use to try to stop:

_____

_____

Do you engage in activities that other people may consider dangerous? __No __Yes (Explain)

_____

Are you receiving help from any other counselor, minister, therapist, psychologist, social worker or any other person? __ No __Yes (Explain)

Have you ever been involved in any other type of treatment or Recovery Program (AA, NA, 12 Step, Detox, Day Treatment, Etc.) __ No __Yes (Explain)

_____

_____

_____

What benefit do you feel you received from these programs?

_____

_____

Why do you feel that these other programs have not worked for you?

_____

_____

Have you ever taken or had prescribed any form of psychotropic medication? __ No ___Yes For what symptoms? Explain.

_____

_____

SEXUAL HISTORY

Have you ever been abused physically or sexually (including rape)? __No __Yes, explain when and how:

_____

_____

_____

_____

How old were you when you first began to be active sexually?

_____

_____

Have you ever been involved sexually with anyone of the same sex?

_____

_____

Do you have any unusual sexual preferences? __ No __Yes, explain when and how:

_____

_____

SPIRITUAL HISTORY

Describe your previous church involvement or activities

_____

_____

How would you rate your Present spiritual health?

Strong __
Average __
Weak __
Non-existent __

If you were to die today, **why** do you think God would or should let you into His perfect home, heaven?

_____

_____

_____

Have you ever been involved in Cults (Jehovah's Witness, Mormon, Etc.)? __ No __Yes (Explain)

_____

_____

_____

Have you ever been involved in the occult (Santeria, tarot cards, Ouija boards, fortune telling, astrology, magic, etc.)? __No __ Yes (Explain)

_____

_____

_____

Have you ever had an "out of body" experience? __No __ Yes (Explain).

_____

Have you ever been involved in "thought projection" "mental telepathy" or hypnotism? __ No __Yes (Explain)

_____

Have you ever taken any blood oaths or vows? __No __Yes (Explain)

_____

_____

Do you feel that God may have forgiven you for the things you have done, but you cannot forgive yourself? ___No ___Yes (Explain):

_____

_____

_____

PSYCHOLOGICAL HISTORY

Do you have reoccurring dreams or nightmares? __ No __Yes (Describe)

_____

_____

_____

COMPLETE THE SENTENCE: Of all the things concerning myself, I am most self-conscious about .... (Explain)

_____

_____

_____

What was the most traumatic time or event in your life? What made that event so traumatic?

_____

_____

_____

Do you experience intrusive thoughts or flash backs? __ No __Yes (Describe)

_____

_____

_____

Have you ever heard voices? ___No __Yes (explain):

_____

_____

What objects, situations, circumstances, or people are the cause of your greatest fears? How seriously are you affected by these fears?

_____

_____

_____

What objects, situations, circumstances or people create anxiety within you? How severely do these anxieties affect you?

_____

_____

Do you feel that you experience extreme mood swings (feeling ***very*** good and feeling ***very*** bad)? ___No ___Yes (Explain)

_____

_____

Have you ever been physically violent with another person or have you ever been accused of threatening someone else with violence? __No __Yes, explain:

_____

_____

_____

Have you ever tried to harm yourself or attempted suicide? ___No ___Yes (Explain)

Has anyone in your family ever attempted suicide? __ No __Yes (Explain):

How would you describe your present mental health? (Please CIRCLE answer) _Good Fair Poor

COUNSELOR NOTES:

The Holmes-Rahe Life Stress Inventory

The Social Readjustment Rating Scale

INSTRUCTIONS: Mark down the point value of each of these life events that has happened to you during the previous year. Total these associated points.

Life Event	Mean Value
1. Death of spouse	100
2. Divorce	73
3. Marital Separation from mate	65
4. Detention in jail or other institution	63
5. Death of a close family member	63
6. Major personal injury or illness	53
7. Marriage	50
8. Being fired at work	47
9. Marital reconciliation with mate	45
10. Retirement from work	45
11. Major change in the health or behavior of a family member	44
12. Pregnancy	40
13. Sexual Difficulties	39
14. Gaining a new family member (i.e.. birth, adoption, older adult moving in, etc)	39
15. Major business readjustment	39
16. Major change in financial state (i.e.. a lot worse or better off than usual)	38
17. Death of a close friend	37
18. Changing to a different line of work	36
19. Major change in the number of arguments w/spouse (i.e.. either a lot more or a lot less than usual regarding child rearing, personal habits, etc.)	35
20. Taking on a mortgage (for home, business, etc..)	31
21. Foreclosure on a mortgage or loan	30
22. Major change in responsibilities at work (i.e. promotion, demotion, etc.)	29
23. Son or daughter leaving home (marriage, attending college, joined mil.)	29
24. In-law troubles	29
25. Outstanding personal achievement	28
26. Spouse beginning or ceasing work outside the home	26
27. Beginning or ceasing formal schooling	26
28. Major change in living condition (new home, remodeling, deterioration of neighborhood or home etc.)	25
29. Revision of personal habits (dress manners, associations, quitting smoking)	24
30. Troubles with the boss	23
31. Major changes in working hours or conditions	20
32. Changes in residence	20
33. Changing to a new school	20
34. Major change in usual type and/or amount of recreation	19
35. Major change in church activity (i.e.. a lot more or less than usual)	19
36. Major change in social activities (clubs, movies,visiting, etc.)	18
37. Taking on a loan (car, tv,freezer,etc)	17
38. Major change in sleeping habits (a lot more or a lot less than usual)	16
39. Major change in number of family get-togethers ("")	15
40. Major change in eating habits (a lot more or less food intake, or very different meal hours or surroundings)	15
41. Vacation	13
42. Major holidays	12
43. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, etc)	11