

Arise Recovery Residences

Date: _____ Time: _____ Staff: _____

Name of Potential Client: _____

Name of Person Making Inquiry: _____

Address: _____

Age: _____ Phone Number: _____ DOB: _____

Marital Status: _____ How Long: _____

Spouse / Significant Other: _____

Children: Yes / No How Many: _____ Where do they live: _____

Drug Of Choice: _____

Date of Last Use: _____ Prior Treatment: _____ # of Times: _____

Substance Use and Addiction History:

| Substance: | First Use: | Last Use: | Frequency/Amount: |
|---------------|------------|-----------|-------------------|
| Alcohol | _____ | _____ | _____ |
| Marijuana | _____ | _____ | _____ |
| Cocaine | _____ | _____ | _____ |
| Opiates | _____ | _____ | _____ |
| Opiates | _____ | _____ | _____ |
| Heroin | _____ | _____ | _____ |
| Meth/Amp | _____ | _____ | _____ |
| Benzo | _____ | _____ | _____ |
| Hallucinogens | _____ | _____ | _____ |
| Synthetics | _____ | _____ | _____ |

Arise Recovery Residences

Other _____

Does anyone else in your household drink or use on a regular basis? _____

Other Addictions / Compulsions: _____

Previous Treatment:

| Location: | Reason: | Length of Stay: | Complete: |
|-----------|---------|-----------------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Previous Mental/Emotional Diagnosis: _____

Previous Suicide Attempt: Yes / No Comment: _____

History of Anger or Violence: Yes / No Comment: _____

Current Mental/Emotional Diagnosis: _____

Are You Disabled? Yes/No If so, for how long? _____

Current Medical Conditions: _____

Current Medications:

Arise Recovery Residences

Name:

Amount:

Purpose:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Legal Issues:

Are you now, or have you ever been on the sexual offender's registry? Yes / No

Previous Arrests:

Charge:

Year:

Result:

Status:

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

What type of work have you done in the past? _____

How long were you on your last job: _____ Longest held job: _____

Have you participated in 12-step fellowships before (circle one)? Yes / No

If so, describe which, when, and frequency: _____

Arise Recovery Residences

Describe Spiritual / Religious beliefs: _____

Highest level of education completed: _____

I need help in the following areas of my life: _____

I would consider myself successful in this program if: _____

Emergency Contact:

Name: _____ Phone Number: _____

Notes:

Arise Recovery Residences

Staff Recommendations:

Admit: _____ Program: _____

Comments: _____
