

Interview Date: \_\_\_\_\_

Do you have a substance abuse problem? Yes \_\_\_ No \_\_\_  
Do you have a mental health diagnosis? Yes \_\_\_ No \_\_\_  
Have you ever used IV drugs? Yes \_\_\_ No \_\_\_  
Are you currently pregnant? Yes \_\_\_ No \_\_\_

### Screening/Admission Application

#### Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ (leave blank if you do not have one)  
Do you have your Social Security card? Yes \_\_\_ No \_\_\_  
Address: \_\_\_\_\_ (leave blank if you do not have one)  
Contact Number: \_\_\_\_\_ Military/Branch of Service: \_\_\_\_\_

Are you a United States Citizen? Yes \_\_\_ No \_\_\_ Place of birth: \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ If not, why? \_\_\_\_\_  
If no driver's license, do you have an ID? Yes \_\_\_ No \_\_\_ If not, what do you have to do to  
get one? \_\_\_\_\_

Sex: Male Female Race: \_\_\_\_\_ Physical Handicaps: Yes \_\_\_ No \_\_\_  
If yes, please explain: \_\_\_\_\_

Married Single Separated Divorced Widow

Do you receive Medicaid/Medicare? Yes \_\_\_ No \_\_\_  
How many children do you have? \_\_\_\_\_ What are their ages? \_\_\_\_\_  
Are they currently involved with DCF, welfare system or other services? Yes \_\_\_ No \_\_\_  
If yes, please list: \_\_\_\_\_

If DCF is involved, who is/are the caseworker(s)? \_\_\_\_\_



Any other pertinent information about your children such as where they are placed with or with whom? \_\_\_\_\_

## **Psychiatric History**

Have you ever received counseling for mental health issues? Yes \_\_\_ No \_\_\_

If yes, where and with whom: \_\_\_\_\_

Reason? \_\_\_\_\_

Dates of treatment: \_\_\_\_\_

Are you currently on any medications? Yes \_\_\_ No \_\_\_

If yes, what? \_\_\_\_\_

Have you ever been diagnosed with a mental health disorder? Yes \_\_\_ No \_\_\_

If yes, please list ALL diagnosis given: \_\_\_\_\_

Have you ever been prescribed medication for a mental health disorder? Yes \_\_\_ No \_\_\_

If yes, please list medication: \_\_\_\_\_

Have you ever attempted suicide? Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_ Please describe: \_\_\_\_\_

Have you ever needed help with your emotional problems or told someone you needed help?

Yes \_\_\_ No \_\_\_

Have you ever been told you have a mental health issue or have you been experiencing anxiety, depression, any other emotional problems, or hearing voices? Yes \_\_\_ No \_\_\_

## **Substance Abuse History**

Do you drink alcohol? Yes \_\_\_ No \_\_\_

Have you ever experimented with drugs? Yes \_\_\_ No \_\_\_

Have you ever felt you ought to cut down on your drinking or drug use? Yes \_\_\_ No \_\_\_

Have people annoyed you by criticizing your drinking or drug use? Yes \_\_\_ No \_\_\_

Have you ever felt bad or guilty about your drinking or drug use? Yes \_\_\_ No \_\_\_

Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover? Yes \_\_\_ No \_\_\_

Are you an IV drug user? Yes \_\_\_ No \_\_\_

Longest period of sobriety? \_\_\_\_\_

What precipitated relapse? \_\_\_\_\_

Drug of choice? (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_



**Substance Use History**

<b><u>Substance</u></b>	<b><u>Age Use Began</u></b>	<b><u>Frequency</u></b>	<b><u>Route Administered</u></b>	<b><u>Last Used On</u></b>
Hallucinogens	_____	_____	_____	_____
Marijuana	_____	_____	_____	_____
Opiates <i>Heroin, Dilaudid, Lortab</i>	_____	_____	_____	_____
Oxy <i>Oxycodone, OxyContin, Percocet, Roxicet</i>	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____
Benzodiazepine <i>Valium, Xanax, Librium</i>	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Crack	_____	_____	_____	_____
Other <i>XTC, Meth, PCP, Suboxen, etc.</i>	_____	_____	_____	_____

**Substance Abuse Treatment History**

<b><u>Facility Name</u></b>	<b><u>Residential/Outpatient</u></b>	<b><u>Dates at Facility</u></b>	<b><u>Outcome</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Any other substance abuse information not asked?

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Our staff is committed to help you deal with any substance abuse and/or emotional problems you may have, but we can only do this if we are aware of your problems.

Please list any further information we did not ask that you think could be helpful:

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### **Education**

Highest Grade Completed: 1-12 years \_\_\_ College (1-4 years) \_\_\_ Post Grad (1-4 years) \_\_\_  
Certificate/Degree (including high school diploma, GED, Vocational Certificates, College or other achievements):

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### **Legal History**

Do you currently have a legal problem? Yes \_\_\_ No \_\_\_

Do you currently have a case pending? Yes \_\_\_ No \_\_\_

If yes to either question, please explain: \_\_\_\_\_

Are you currently on probation? Yes \_\_\_ No \_\_\_

Are you currently on Community Control? Yes \_\_\_ No \_\_\_

If yes, who is your Probation Officer? \_\_\_\_\_

Have you ever been to prison? Yes \_\_\_ No \_\_\_

If yes, how long? \_\_\_\_\_ For what? \_\_\_\_\_

### **Medical History**

Do you have past or present medical issues? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

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## **Employment History**

**\*Please note it is MANDATORY that you seek and gain employment if accepted into our Residential Program\***

Do you currently work? Yes \_\_\_ No \_\_\_  
 If yes, where? \_\_\_\_\_  
 If no, please list where and when you last worked: \_\_\_\_\_

Are you able and willing to work? Yes \_\_\_ No \_\_\_  
 If not, please explain: \_\_\_\_\_

### **Interviewers Comments**

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### **I AM CAPABLE OF SELF PRESERVATION:**

To the best of my knowledge, the above is true and accurate. If it is found that any part of your application is not true, you are running the risk of not being accepted into Community Treatment Center, or being discharged if you have been accepted. If anything changes with the above information, you will notify staff immediately prior to admission.

Please sign and date under **screening** section only.

#### **Screening**

\_\_\_\_\_  
 Applicant Signature Date

\_\_\_\_\_  
 Interviewers Signature Date

#### **Admission**

\_\_\_\_\_  
 Client Signature Date

\_\_\_\_\_  
 Intake Staff Signature Date

#### **Staff Use ONLY**

**Yes No**

Not in need of services		
Appropriate for services		
Not appropriate for services at this screening site		
Appropriate for referral elsewhere		

#### **Admission Type**

<b>Voluntary Competent</b>	<b>Involuntary Competent</b>
<b>Voluntary Incompetent</b>	<b>Involuntary Incompetent</b>



### **Consent for Initial Interview and/or Treatment**

Before we begin working with you, we are required to have your consent for interview and/or treatment. Please read the following statement and sign your name where indicated.

Any reasonable foreseeable risks or discomforts that may be encountered as a result of my participation in the program have been explained to me. I have been informed that these may include situations such as emotional discomfort, physical discomfort, or breach of confidentiality. If I experience unusual psychological distress as a result of my participation in this interview/treatment, the counseling staff is available to assist and/or refer me for additional support. I have also been advised of all the appropriate steps that will be taken to insure my confidentiality with regards to my participation in the program.

My signature below certifies that I am submitting an application for interview and/or treatment at Community Treatment Center, Inc. with a full understanding of my rights. I hereby give my consent for Community Treatment Center staff to begin the initial interview and/or treatment.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

