



SECOND CHANCES

ADDICTION RECOVERY CENTER

INTAKE FORM

Date _____ Name _____ DOB _____

Sex _____ SSN _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Referral Source _____ Referral Phone # _____

INSURANCE

Medicaid Y/N

Other Insurance Y/N

Type _____

Type _____

Medicaid # _____

Policy # _____

Group # _____

SUBSTANCE Hx

Substance

Amount/Method

Frequency

Last Use

| Substance | Amount/Method | Frequency | Last Use |
|-----------|---------------|-----------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Prior Tx

Facility

Month/Year

Completed?

| Facility | Month/Year | Completed? |
|----------|------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



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MENTAL HEALTH: Have you ever or are you presently experiencing any of the following? Check all that apply

Schizophrenia psychosis anxiety bipolar PTSD

Violent behavior suicidal thoughts/attempts If so, when? _____

Any mental health conditions not listed above

Explanation of additional mental health conditions:

Do you see things or hear voices that only you can see or hear? Y / N

Current psych meds: _____

Has the appropriate medical staff determined you are stabilized on medication? Y / N

Bringing medication to facility? Y / N Actively taking medication? Y / N

MEDICAL HISTORY: Do you have a history of any of the following?

respiratory diabetes kidney condition stroke HEP C

hypertension stomach condition heart/circulation liver condition

infectious condition (HIV/TB) pancreas condition other

history of seizures If yes, date of last seizure: _____

List all current medications: _____

Has the appropriate medical staff determined you are stabilized on medication? Y / N

Current medical problems: _____

Pregnant? Y / N

LEGAL:

Court Ordered? Y / N Upcoming court dates: _____

Current legal problems: _____

Is client on probation/parole? Y / N Does client have an open case with DCFS? Y / N

Registered sex offender? Y / N