

Previous Addiction Treatment

Hospitalizations/Treatment Centers/Recovery Homes

Where?: _____

When? _____ Length of inpatient time: _____

Where?: _____

When? _____ Length of inpatient time: _____

Where?: _____

When? _____ Length of inpatient time: _____

Where?: _____

When? _____ Length of inpatient time: _____

Where?: _____

When? _____ Length of inpatient time: _____

Outpatient Groups (Type and duration)

Medical Information

Are you currently being treated by an M.D.? (circle one) yes no

Primary diagnosis: _____

Date of last physical exam: _____ Date of last dental exam: _____

Do you have any physical limitations? (circle one) yes no

Explain: _____

Do you have any serious health or medical conditions, such as epilepsy, diabetes, fainting spells, etc.? (circle one) yes no

Explain: _____

Have you ever attempted suicide? (circle one) yes no

If yes, when and what method was used: _____

Legal Information

Have you ever been arrested? (circle one) yes no *If yes, please list date and reason given for arrest:*

Date(s)	Reason(s)

Are you on probation? (circle one) yes no How long? _____
Reason: _____

Have you received court sanctions? (circle one) yes no (if yes) When? _____
Why? _____

Have you ever been involved in a domestic violence situation? (circle one) yes no

Are there any current or pending restraining orders? (circle one) yes no
Explain: _____

Are there any other legal proceedings pending? (circle one) yes no
Explain: _____

Employment/Financial

Are you employed? (circle one) yes no
Place of employment: _____ How long? _____

Primary job skills/responsibilities: _____

Other places of employment: _____

Income of household \$ _____ Source of income: _____

If no income, how are expenses met? _____

Have you ever been at Crossroads Foundation? (circle one) yes no If so, when? _____

Do you have a past due balance? (circle one) yes no If yes, how much? _____

Are you eligible for: (circle all that apply) Food stamps SSI SDI Other

Have you ever served in the Military? (circle one) yes no
Branch: _____ Rank: _____

Dates: _____ Where? _____

Emergency Contact

Emergency contact: _____

Relationship: _____ Phone #: _____

Address: _____