



Intake Assessment Form

Date: _____

Name: _____ DOB: _____ Phone number: _____

Current Location: _____

Most Recent Address: _____ City: _____ State: _____

Zip Code: _____

Any Children? Yes or No

If so how many: _____ Ages: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____ Cell: _____ Work: _____

Substance Information:

Current Prescribed Medicines: _____

Current Illegal Drug(s) Using: _____

Substance History (past substance abuse): _____

Date of last use: _____

Have you been through detox? Yes or No If so where? _____

Previous Recovery Centers:

Medical Information:

Allergies: _____

Do you have any medical conditions? Yes or No

If so what are they? _____

Medications for conditions? _____

Do you have any mental health issues? Yes or No

If so what are they? _____

Medications for mental health issues? _____

Are you physically able to work? Yes or No

What can you do? _____

Do you have any limitations? Yes or No

If so what are they? _____

Can you lift 50lbs or more? Yes or No

Criminal Information:

Are you on probation? Yes or No If so for what? _____

Probation Officer: _____ Contact Number: _____

Any pending Legal Cases? Yes or No

Are you a registered sex offender? Yes or No

