



Pre-Entry Screen

Phone Number: _____ Email: _____ DOB: _____

Staff Member: _____ Date of Screen: _____

Name: _____ Age: _____ Gender: **M** **F** **T**

Referral Source: _____ Entry Date: _____

Co-occurring Diagnosis: _____

Prior Treatment(s): _____

Recovery Residence History: _____

Drug(s) of Choice: _____ Any IV Opiate Use: **Y N** _____

Recovery Time: _____

Medications: _____

History of Self-arm: _____

Recent Suicidal ideation Homicidal ideation: _____

Relationship Status: _____ Children: _____ Sexual Orientation: _____

Work Experience/Plan: _____

Parent/Family Support: _____ Location: _____

TB Test **Y N** (Must bring or have copy of results) Fees Discussed: **Y N** \$ _____/mo.

Ever been arrested, convicted, or questioned for any violent or sexual crimes: **Y N**

Any outstanding warrants: **Y N** Legal Issues: _____

Are you legally mandated to be here? **Y N** Legal Charge? _____

Vehicle: **Y N** Valid License: **Y N** # _____ Drug Screens Discussed: **Y N**

Location Preference: _____ Interview Location D/T/C: _____

PLEASE WRITE ANY ADDITIONAL NOTES ON THE BACK OF THIS FORM.

FOR OFFICE USE ONLY Resident ID: _____ Move-in Date: _____



Participant Entry Form

Demographic Information

Sex M F T

Race

- ☐ Caucasian
- ☐ African American
- ☐ Native America
- ☐ Asian-Pacific Islander
- ☐ Hispanic
- ☐ Other _____

Professional License (MD, DVM, etc.) _____

Profession/Employment _____

Household Income (Check One)

- ☐ Less than \$10,000
- ☐ \$10,000 – 25,000
- ☐ \$25,000 – 50,000
- ☐ \$50,000 – 75,000
- ☐ Over \$75,000

Military Service **Y N** Branch _____ Type of Discharge _____

Previous Diagnosis (Check all that Apply)

- ☐ Substance Abuse
- ☐ Eating Disorder
- ☐ Mood/Personality Disorder – Type _____

Addiction History Current recovery date _____

Drug of Choice (Check all that apply and list specific form of substance)

- ☐ Alcohol Type _____
- ☐ Amphetamines Type _____
- ☐ Benzoids Type _____
- ☐ Cocaine Type _____
- ☐ Hallucinogen Type _____
- ☐ Marijuana Type _____
- ☐ Opiates Type _____
- ☐ Other Type _____

Have you ever relapsed? **Y N** No. of times _____ Age you began using? _____

Referral Information

Have you been in treatment? **Y N** How many times have you been to treatment _____

Last Treatment Center Name _____

Case Manager's Name _____ Has a release of information been signed **Y N**

Who referred you to us?

Education (Check Highest Grade Completed)

- ☐ Less than HS
- ☐ HS/GED
- ☐ Some College
- ☐ 2 Year Degree
- ☐ 4 Year Degree
- ☐ Masters or PhD

Religious Preference

- ☐ Protestant/Christian
- ☐ Catholic
- ☐ Jewish
- ☐ Other _____
- ☐ None

Please answer the following questions below.

1. Who suggested that you come here (*chose one option that best applies*)?

- ☐ Family/Friend
- ☐ Employer/Coworker
- ☐ Treatment or human services professional
- ☐ Representative of the courts/judicial system
- ☐ No one
- ☐ Other: _____

2. How long have you been drug and alcohol free?

- ☐ Less than a month → How many days? _____
- ☐ One to three months
- ☐ Four to six months
- ☐ Seven months to a year
- ☐ More than one year

3. In the past 30 days, where have you been living most of the time (*chose one option that best applies*)?

- ☐ My own home/apartment
- ☐ Someone else's home/apartment
- ☐ In a medical, treatment, or other residential recovery setting
- ☐ In jail, prison, or another correctional setting
- ☐ In a shelter or another temporary housing facility
- ☐ Outdoors or on the streets
- ☐ Other: _____

4. Are you currently enrolled in school or a job training program?

- ☐ Not enrolled
- ☐ Enrolled full-time
- ☐ Enrolled part-time
- ☐ Other: _____

5. Are you currently employed (*chose one option that best applies*)?

- ☐ Employed full-time (35+ hours per week)
- ☐ Employed part-time

- ☐ Unemployed and looking for work
- ☐ Unemployed and not looking for work (e.g., retired, disabled, enrolled in school, etc)
- ☐ Other: _____

6. In the past 30 days, did you attend any self-help or recovery support groups?
☐ Yes → *If yes, what type* _____ *how many?* _____
☐ No

7. How would you rate your quality of life?
☐ Very poor ☐ Good
☐ Poor ☐ Very good
☐ Neither poor nor good

8. What would you like to accomplish during your stay here?

9. What are your top 3 goals and why did you pick these?

10. What potential challenges do you see in improving your recovery?

11. What else would be helpful for us to know about you to best serve you?
