

MENTAL HEALTH

Have you had any of the following within the past 90 days? (Check all that apply)

- Suicidal thoughts
- Suicidal attempts
- Self injury
- Obsessive/intrusive thoughts
- Thoughts of harming others
- Violence
- Hallucinations (voices/visions)
- Depression
- Death in family
- Hyperactivity
- Paranoia/Delusions
- Mood swings
- Anxiety
- Panic attack
- Panic/phobia
- Cruelty to animals
- Fire setting
- Poor sleep patterns
- Weight gain/loss

Have you ever been in counseling before? Yes No

If yes: _____
Date Location Counselor

Are you currently taking behavioral health medications? Yes No

If yes, please list

| Medication | Dose | Doctor | Reason | taking as prescribed? |
|------------|------|--------|--------|-----------------------|
| | | | | |
| | | | | |

Have you ever taken behavioral health medications? Yes No

| Medication | Dose | Doctor | Reason | taking as prescribed? |
|------------|------|--------|--------|-----------------------|
| | | | | |
| | | | | |

Have you ever been hospitalized for behavioral health reasons? Yes No

If yes: _____
Date Location Doctor

What are your previous mental health diagnoses?

Explain any family history of substance abuse:

Have you used or are you currently using any drugs or alcohol? Yes No
If no, skip to next section

Do you feel that you should be cut down on your substance use? Yes No

Have you ever felt bad or guilty about your substance use? Yes No

Have you ever tried to stop and have been unsuccessful? Yes No

If yes: _____
Date Circumstances

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

Check which behaviors are problematic: (Check all that apply)

- Tardy often
- Disruptive
- Social problems
- Absenteeism
- Skipping class
- Defiant
- Dropped out
- Repeated grades
- Failed grades
- Poor performance
- Suspended
- Expelled

Are you currently employed? Yes No

If yes what do you do? _____

Are there any problems at work? Yes No

If yes please explain: _____

Who is your primary emotional support? _____

Do you attend church or participate in other religious activities? Yes No

LEGAL

Have you ever been arrested in the past 90 days? Yes No

If yes: _____

| | | |
|-----------|--------------------|------------|
| Charge(s) | Status/Disposition | Court Date |
|-----------|--------------------|------------|

Are you court ordered for services? Yes No

If yes: _____

| | |
|------|--------------|
| Name | Phone Number |
|------|--------------|

What is your legal status? _____

When is your next court date? _____

Will you require a progress note for legal authorities? Yes No

If yes: _____

| | | |
|------|----------|-------|
| Name | Location | Phone |
|------|----------|-------|

FAMILY HISTORY

Who is/are your primary caregiver(s)/guardian? _____

My relationship with my caregiver(s)/guardian(s) is:

- Good
- Fair
- Poor
- Not applicable

How many siblings do you have? _____ Brothers _____ Sisters

My relationship with my siblings is:

Good Fair Poor Not applicable

Are you currently in a romantic relationship? Yes No

How many close friends do you have? _____

RECOVERY ENVIRONMENT

What is your interest and what do you do for fun?

Who or what gives you hope?

If you could change one thing about your family and yourself, what would it be?
