Client Intake Form

Please Print Clearly

Personal Information

Last Name		First Name					
Date of Birth		Spouse Name					
ID Number	*List: Type of ID, State & Number*	Social Security					
Address		Homeless	☐ Yes ☐ No				
City		State		Zip Code			
Home Phone		Work #					
Cell #		Fax					
Age		Sex	☐ Male ☐ Female	Height		Weight	
Religion		Race/Ethnicity					
Marital Status	☐ Single ☐ Married ☐ Divorced ☐ Widowed						
Emergency Contact Name		Relationship					
Emergency Ph #		Secondary #					
Emergency Address							

Do you have health insurance? ☐ Yes ☐ No

If yes, please provide the following:

Provider Name: **Policy #:**

Provider Phone Number: **Group #:**

Do you have dental insurance? ☐ Yes ☐ No

If yes, please provide the following:

Provider Name: **Policy #:**

Provider Phone Number: **Group #:**

Do you have a car? ☐ Yes ☐ No *If yes, who will take care of it while you are in the program?*

Are you currently receiving any type of income? ☐ Yes ☐ No *If yes, please explain:*

Have you ever been in the military? ☐ Yes ☐ No Discharged? ☐ Yes ☐ No

If dishonorable discharge please explain.

Education

Circle last year completed:

Primary: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 +

Can you read and write? ☐ Yes ☐ No Can you speak English? ☐ Yes ☐ No

Have you ever been in special education classes? ☐ Yes ☐ No

Religious Background

Do you believe in God? ☐ Yes ☐ No ☐ Uncertain

Have you ever accepted Jesus Christ as your Savior? ☐ Yes ☐ No ☐ Uncertain

Are you attending church now? ☐ Yes ☐ No *If yes, where?*

Legal History

Have you ever been arrested? ☐ Yes ☐ No How many times? _____
If yes, give details:

Have you ever done jail time? ☐ Yes ☐ No *If yes, what for and how long?*

Are you on probation or parole? ☐ Yes ☐ No *If yes, give probation or parole officer's contact information below:*

Are you court ordered here? ☐ Yes ☐ No *If yes, give contact information regarding your court case:*

Do you have any legal charges pending? ☐ Yes ☐ No *Where?*
What are the charges?

Do you think you may have any outstanding warrants? ☐ Yes ☐ No *If yes, please explain:*

Do you have any other pending legal matters that would require you to attend to in the next 90 days? ☐ Yes ☐ No
If yes, give details below:

Drug History

Have you ever used drugs? ☐ Yes ☐ No *If yes, how old were you?*

Why did you try them?

- ☐ To help me deal with life.
- ☐ To escape reality.
- ☐ To fit in with my peers.
- ☐ My friends use drugs.
- ☐ To make physical pain go away.
- ☐ To make emotional pain go away.
- ☐ Some of my family use drugs.
- ☐ Just for fun.
- ☐ I'm bored.
- ☐ Curiosity.
- ☐ Other: _____

Have you ever sold drugs? ☐ Yes ☐ No

Do you think you have a problem with drugs? ☐ Yes ☐ No ☐ Uncertain

Explain why or why not:

Since you've been using, what's the longest period of time that you've been sober?

Please fill out information below concerning your drug use.

Drug *(if you did not use drug listed leave blank, if drug is not listed fill in)*	**First Time** *(How old were you or what month/year?)*	**Last Time** *(Approximate date?)*	**Frequency** *(How often did you use: occasionally, monthly weekly daily, etc.)*	**Amount Used** *(How much did you use per day/week/month?)*
Alcohol				
Barbiturates				
Benzodiazepines				
Cocaine/Crack				
Glue/Paint				
Heroin				
Inhalants(Snuffing)				
LSD				
Marijuana				
MDMA (Ecstacy)				
Meth				
Mushrooms				
PCP				
Prescription Drugs				
Speed				
Tobacco				
[redacted]: Synthetic				

Medical History

Date of last physical exam:
Results:

List any physical ailments or handicaps that you may have:

Date of last dental exam:
Results:

List any dental problems you may have:

Date of last eye exam:
Results:

Do you wear glasses?	☐ Yes ☐ No	Do you wear contacts?	☐ Yes ☐ No

List anything that you may be allergic to:

Have you ever been:

Diagnosed with ADD?	☐ Yes ☐ No When? _____
Diagnosed with ADHD?	☐ Yes ☐ No When? _____
Diagnosed with any Mental Disorder?	☐ Yes ☐ No When? _____
Diagnosed with Tuberculosis?	☐ Yes ☐ No When? _____
Diagnosed with Hepatitis A?	☐ Yes ☐ No When? _____
Diagnosed with Hepatitis B?	☐ Yes ☐ No When? _____
Diagnosed with Hepatitis C?	☐ Yes ☐ No When? _____
Diagnosed with HIV Positive?	☐ Yes ☐ No When? _____
Diagnosed with AIDS?	☐ Yes ☐ No When? _____
Diagnosed with Herpes?	☐ Yes ☐ No When? _____
Diagnosed with any STD?	☐ Yes ☐ No When? _____
Diagnosed with Body Lice?	☐ Yes ☐ No When? _____
Diagnosed with High Blood Pressure?	☐ Yes ☐ No When? _____
Diagnosed with Heart Attack/Disease?	☐ Yes ☐ No When? _____
Diagnosed with Cancer?	☐ Yes ☐ No When? _____
Diagnosed with any Stomach Disorder?	☐ Yes ☐ No When? _____
Diagnosed with Diabetes?	☐ Yes ☐ No When? _____
Diagnosed with a Stroke?	☐ Yes ☐ No When? _____
Diagnosed with any other illnesses?	☐ Yes ☐ No When? _____
Prone to seizures?	☐ Yes ☐ No When? _____

Do you currently have any chronic medical conditions not listed above that require regular visits to the doctor?
☐ Yes ☐ No *If yes, please explain:*

Are you presently on any medication? ☐ Yes ☐ No
If yes, please list below and give reason for taking it:

Have you ever been admitted to a hospital? ☐ Yes ☐ No
If yes, please explain:

Are you physically able to perform all assignments (you must be able to lift 25 lbs, be able to stand for long periods of time as well as climb up to 4 flights of stairs) as part of this program? ☐ Yes ☐ No
If no, please explain:

Have you ever had any type of counseling? ☐ Yes ☐ No
If yes, please state how long and for what purpose?

Have you ever been diagnosed with any mental condition? ☐ Yes ☐ No
If yes, please explain:

Have you ever been under psychiatric care or been admitted to a mental health institution? ☐ Yes ☐ No
If yes, please explain:

Sexual History

Are you sexually active? ☐ Yes ☐ No

At what age did you become sexually active?

How many sexual partners have you had?

Have you ever had unprotected sex? ☐ Yes ☐ No

Have you ever contracted a sexually transmitted disease? ☐ Yes ☐ No

If yes, please list disease, when and how it was treated:

Have you ever been the victim of sexual abuse? ☐ Yes ☐ No

If female, are you currently pregnant? ☐ Yes ☐ No ☐ Uncertain

Have you been pregnant in the past? ☐ Yes ☐ No ☐ Uncertain

If yes, what was the result of the pregnancy? ☐ Miscarriage ☐ Abortion ☐ Birth

Do you have any children? ☐ Yes ☐ No

If yes, how many and what are their ages?

If male, are you the father of any children? ☐ Yes ☐ No ☐ Uncertain

If yes, how many children do you have and what are their ages?

Have you ever been involved in prostitution? ☐ Yes ☐ No

Have you ever been involved in any homosexual behavior or activities? ☐ Yes ☐ No

Do you consider yourself to be:

☐ Heterosexual (straight) ☐ Bisexual ☐ Homosexual (Gay/Lesbian)

Goals

What goals do you have while in this program?

What do you want to happen in your life while you are in this program?

How did you hear about us? *(Check all of that apply)*

☐ Friend
☐ Family Member
☐ Church Leader
☐ Dream Center TV Show
☐ Brochure / Flyer
☐ Other:_____