

AT2C INTERVIEW FORM

Please read and complete to the best of your ability. This information is used to determine your eligibility for admission

Any questions you may have will be discussed during your interview.

We will need a copy of your Drivers' License or State issued ID; therefore, please give this to a staff member when you have completed this package.

Copy of Drivers' License or State Issued ID: _____ YES _____ NO

Did you complete High School: __ YES _____ NO

ASSESSMENT / INTAKE / SCREENING FORM

Name: _____ Date _____
Address _____
: _____

Reason for seeking treatment: _____

SSN: _____ - _____ - _____ ID#/SPN#: _____
Home phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Age _____ DOB ____/____/____ Race _____ Sex _____
Height _____ Hair _____ Eyes _____

Physical/Mental

Physical handicaps OR medical problems:

Previous mental health treatment? (___) YES (___) NO If yes, please describe _____

Other mental health concerns _____

Family

Married _____ Single _____ Divorced _____ C-Hab _____ Widowed _____

Name of Spouse _____

Address (if different) _____

Children No _____ Yes _____ If Yes, how many _____

Are your parents still living? Yes _____ No _____

Are you close to your parents? Yes _____ No _____

Are closer to your mother or father? _____

Why? _____

Do you have any siblings? Yes _____ No _____ How Many? _____

Which sibling are you closer to? _____

Why? _____

Do any of your immediate family use alcohol or drugs? Yes _____ No _____

Which One?

Mother _____	Father _____
Sister _____	Brother _____
Aunts _____	Uncles _____

Education

School years completed _____ Graduated Yes _____ No _____

Received GED	Yes _____	No _____
College	Yes _____	No _____

Legal

Are you on probation or parole? () Yes () No

If yes, please provide the Name, Region, Address, Phone and Fax Number of the Officer:

Have you been arrested, charged or convicted of any crimes in the last 7 years?

() YES () NO If yes, list date(s) and offense(s):

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Referral Source

Contact

Person: _____

Address: _____

Phone

Number: () _____ - _____

Fax Number: () _____ - _____

What do you believe to be your strengths as a person? _____

What do you believe to be your weakness as a person? _____

Employment

Are you currently employed? () Yes () No

Employer _____ Weekly take home pay \$_____

Phone Number _____

Length of time on job _____ Position _____

Spouse Employer _____ Weekly take home pay \$_____

Military History

Branch _____ Type of discharge _____

Length of service _____

Insurance

Do you have insurance? () Yes () No

Name and address of carrier _____

Insurance group _____

Medicaid / _____
Medicare# _____

Alcohol / Drug Use History

Substance of Choice	Last use	Frequency of use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous alcohol / drug treatment (____) Yes (____) No

Where?	When?	How long?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signs of withdrawal (____) Yes (____) No If yes, please describe below:

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Medical History _____
What medication have you taken in the last two (2) years?

Have you had any surgery of any kind or do you need some type of surgery at this time?

When have you been hospitalized for other than alcohol and / or drug addiction?

Have you had any of the following?
Seizures _____ Yes _____ No

D.T.'s	_____	Yes	_____	No
Hallucinations	_____	Yes	_____	No
Suicidal Ideations	_____	Yes	_____	No
Homicidal Ideation	_____	Yes	_____	No

Client Signature

Date

Counselor's Signature

Date

Outpatient Treatment	Yes	No
1	1	1
2	1	1
3	1	1
4	1	1
5	1	1
6	1	1
7	1	1
8	1	1
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100	1	1

_____ Have medical complications that would hamper participation in AT2C Outpatient Services.

_____ Is medically unstable and in acute withdrawal.

_____ Mental state of individual precludes his ability to comprehend the material presented and participation in rehabilitation / recovery process.

_____ Is not coherent, rational and oriented for treatment.

_____ Is confined to a bed.

_____ Is seeking shorter term treatment than offered at AT2C.

Justification: _____

Date