PRE-ADMISSION QUESTIONNAIRE (ADULT)

Client Name (First, MI, Last)	**Client No.**

Living Situation

My Home

☐ Rent ☐ Own

****Residential Care/Treatment Facility**

☐ Hospital ☐ Temporary Housing ☐ Residential Care ☐ Nursing Home

****Other**

☐ Friend's Home ☐ Relative's/Guardian's Home ☐ Foster Care Home ☐ Respite Care ☐ Jail/Prison

☐ Homeless Living with Friend ☐ Homeless in Shelter/No Residence ☐ Others:

****Identify Facility or Person's Name**

Household Member Names	Relationship to Client	Age	Quality of Relationship

Significant Family Members/ Others Not Listed Above	Relationship to Client	Age	Quality of Relationship

Education, Employment, and Military Information

Education History (check all that apply)

☐ GED ☐ HS Grad

Highest Grade Completed

Vocational Year Completed

☐ College No. of Yrs, Qtrs., or Semesters Degree/Major

☐ Other Degree:

History of Learning Difficulties (including performance/behavioral problems due to AOD use)

☐ None

☐ Learning Disability/Type:

☐ Developmental Delays

☐ Special School Placement:

☐ Other:

Barriers to Learning

☐ None ☐ Inability to Read or Write ☐ Other:

Special Communication Needs

☐ None

☐ TDD/TTY Device ☐ Sign Language Interpreter ☐ Assistive Listening Device(s)

☐ Language Interpreter Services Needed/ Other Spoken Language

☐ Other:

Employment (Check all that apply)

☐ Full Time (35 hrs. or more per week) ☐ Part Time (<35 hrs. per week) ☐ Non-Competitive

☐ Unemployed/Date Last Worked: _____

Not in Labor Force

☐ Disabled ☐ Retired ☐ Homemaker ☐ Student ☐ Living in Institution

☐ Other: _____

If employed, name of employer.

Job Performance History

No. of Jobs in Last 5 Years	Comments (include performance/behavioral problems due to AOD use)

Attendance

☐ Above Average ☐ Normal ☐ Tardiness ☐ Absenteeism

Performance

☐ Exemplary ☐ Good ☐ Average ☐ Below Average

Employment Interests/Skills

Satisfied with job? ☐ No ☐ Yes (If not currently employed) Do you want to work? ☐ No ☐ Yes

Experiencing financial problems? ☐ No ☐ Yes Are you concerned that employment will affect benefits? ☐ No ☐ Yes

Military History

☐ No ☐ Yes If yes, describe branch of service, any pertinent duties, and any trauma experienced during service as applicable.

Type of Discharge (if other than General/Honorable)	**Date of Discharge**

Mental Health Treatment History

Outpatient Mental Health Treatment ☐ None

Agency	Check if Current	Past (Date)	Clinician Name

Psychiatric Hospitalizations ☐ None

Hospital	Date of Service	Reason (suicidal, depressed, etc.)

Previous or Current Diagnoses (if known)

☐ Not Known

Current Medication Information (prescription/OTC/herbal)

☐ None

Medication	Rationale	Dosage/Route/ Frequency	Prescribed By	Compliance			
				Yes	No	Partial	Unk
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Primary Care Physician (name, phone no., and address)	Date of Last Physical Exam

Past Psychotropic Medications

☐ None

Psychotropic Medications	Reason for Discontinuation

Alcohol/Drug History (Including Tobacco)

Illegal drug use/abuse past 12 months? ☐ No ☐ Yes Non-prescription drug abuse past 12 months? ☐ No ☐ Yes

Prescription drug abuse past 12 months? ☐ No ☐ Yes Alcohol abuse past 12 months? ☐ No ☐ Yes

Substance	Age of First Use	Date of Last Use	Frequency of Use	Amount	Method	Symptoms within current 12 months

Alcohol/Drug Treatment History

AOD Treatment

☐ None

Current: ☐ Outpatient ☐ Intensive OP ☐ Residential ☐ Others:

Past: ☐ Outpatient ☐ Intensive OP ☐ Residential ☐ Hospital ☐ Detox ☐ Others:

If current or past complete the following:

Name of Provider Agency	Type of Service	Date of Service

☐ Other Addictive Behaviors: ☐ **Gambling** ☐ **Sex** ☐ **Internet** ☐ **Shopping** ☐ **Other:**

Legal History

Legal Guardian/Custodian Name and Address of Legal Guardian/Custodian Phone No.

☐ None ( )

Current Legal Status

☐ None ☐ On Probation ☐ Detention ☐ On Parole ☐ Awaiting Charge

☐ Alcohol & Drug Related Legal Problems ☐ Conditional Release ☐ Outpatient Commitment ☐ Court Ordered to Treatment

☐ Others:

History of Legal Charges

☐ None ☐ Juvenile: ☐ No ☐ Yes If yes: ☐ Status Offense (e.g., Unruly) ☐ Delinquency

☐ Adult: ☐ No ☐ Yes If yes: ☐ Misdemeanor ☐ Felony

List and Date Most Recent Legal Charges

Convictions

☐ None

Pending Charges

☐ None

Incarcerations

☐ None

Name and Phone No. of Probation/Parole Officer (if applicable)

Civil Proceedings

☐ None

Domestic Relations Court Problems (i.e., custody, protective services, restraining order)

Juvenile Court Involvement (related to child abuse, neglect, or dependency)

Current: ☐ No ☐ Yes Comment: _____

Past: ☐ No ☐ Yes Comment: _____

Child Support Enforcement Orders

☐ None

Children's Protective Services Involvement with Family

☐ None

Name of Children's Protective Services Caseworker(s) Assigned to Family (if applicable)

☐ None

Abuse History (describe in space below)

☐ No Self-Reported History of Abuse/Violence ☐ Physical Abuse ☐ Domestic Violence/Abuse ☐ Community Violence

☐ Physical Neglect ☐ Emotional Abuse ☐ Elder Abuse ☐ Sexual Abuse/Molestation

☐ Other: