**The Friendship Connection**

**Pre- Screen Intake Assessment**

**Are you pregnant \_\_\_\_\_ Are you an IV Drug User\_\_\_\_\_\_\_**

**MDOC ERS Date \_\_\_\_\_\_\_\_ Flat- Time Date \_\_\_\_\_\_\_ Parole Date \_\_\_\_\_\_\_\_**

**MDOC # \_\_\_\_\_\_\_\_\_\_ Building \_\_\_\_\_ Case Manager \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treatment Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Release Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_, Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_**

**Ethnic Group \_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Drug(s) of Choice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONS VIEW OF CURRENT STATUS:**

**1. Legal History**

**2. Charges (Sentenced, Time Served)**

**3. Other Legal History / DUI / D.L. Suspension / DHS**

**4. Are you presently insured my Medicaid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Medicare? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Private insurance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Insurance/Medicaid/Medicare Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please circle which insurance**

**FAMILY HISTORY**

**5. What is your current marital status? Describe the relationship.**

**6. Are you presently in a relationship? If so describe the relationship (even if it’s just a friend).**

**7. Do you have any children? Describe the relationship.**

**8. Do you have custody of your children? Who do they live with?**

**9. How many siblings to you have? (Rank Order).**

**10. While growing up, were you separated from either parent for any reason? Describe the reason.**

**11. Was alcohol / drugs used in your home while growing up? Describe pattern.**

**12. What did you learn about alcohol / drugs while growing up? Describe what was told to you?**

**13. Does anyone in your family have alcohol / drug problems? Describe how the member acted?**

**14. What major illnesses are (were) present in your family? For how long?**

**15. What major weaknesses exist within your family?**

**PSYCHO- SOCIAL HISTORY**

**16. Who do you feel closest to? Why do you feel close to this person?**

**17. Does this person (people) use alcohol / drugs regularly?**

**PAST WORK EXPERIENCE**

**18. Are you employed? \_\_\_ if yes, how does alcohol/ drugs affect your work? Explain your work history?**

**Place of Employment Dates Duties**

**1.**

**2.**

**3.**

**19. If not retired, how are you managing your life? Who helps you with your finances?**

**20. Are you actively affiliated with a religious group? What is your religious preference?**

**21. What other affiliations do you have? What are the groups or affiliations?**

**22. What hobbies or special interests do you have? Describe why they are interesting to you?**

**23. How do you spend your leisure time? Describe your leisure time?**

**24. How often and to what degree have you experienced the following?**

**A. Depression (Were you ever diagnosed by a psychiatrist? If so describe the system)**

**B. Anxiety (Were you ever diagnosed by a psychiatrist? If so describe the systems)**

**C. Extreme frustrations or anger (Describe what happens and how you deal with your anger?)**

**25. Have you ever been seen by a psychiatrist privately or a local Mental Health Facility?**

**26. Do you feel anxious or worried for no apparent reason? Describe**

**27. Do you often think of dying or committing suicide? If so, how many times have you attempted suicide? When was the last time and by what method?**

**28. Are you currently taking medication for emotional problems? What is the name of the medication, who prescribes the medication?**

**DRINKING / DRUG USE HISTORY**

**29. How old were you when you started drinking / using drugs? How much were you using?**

**30. When did you start drinking / using drugs regularly? Why**

**31. How long have you had a problem with alcohol or drugs? Describe**

**32. What is your longest period of abstinence? How did you maintain the abstinence?**

**33. Describe the pattern of your drinking / drug use? (Frequency, kind, where?)**

**34. What situations tend to initiate your using / drinking? Why and describe**

**35. When did you last have alcohol or drugs?**

**36. When are most likely to drink / use drugs heavily? Describe how heavily?**

**37. What alcohol beverage were you using this last episode? Explain, Describe?**

**What type of drugs were you using this last episode?**

**38. How much alcohol and or drugs did you consume each day during your last episode?**

**39. Has your drinking / drug use created problems for you in any of the following areas?**

**\_\_\_\_ Spouse \_\_\_\_ Parents \_\_\_\_ Children \_\_\_\_ Siblings**

**40. Have you been injured because of your drinking / drug use?**

**\_\_\_\_ Fights \_\_\_\_ Auto crashes \_\_\_\_ Falls \_\_\_\_ other**

**41. Have you been arrested because of your drinking / drug use? Explain.**

**42. Have you ever been to jail or prison because of your drinking / drug use? Where and how long were you in jail?**

**43. Please list the 3 most recent treatment facilities to which you have been admitted.**

**Name of Place Date**

**Did you complete? If not, why not?**

**1.**

**2.**

**3.**

**44. When not drinking / using drugs, do you experience cravings? Now? How do you deal with the cravings?**

**45. When you are not drinking / using drugs, how do you spend a normal day? Describe?**

**GENERAL HEALTH**

**46. Describe your current state of health. Describe your health?**

**47. What major illnesses or hospitalizations have you had that you have not mentioned? When, where, and how long were you there? Are you allergic to any food / medications?**

**HISTORY RELATED TO BODY SYSTEMS**

**48. What is your eating pattern like when you are drinking / using drugs? Describe**

**49. When you are not drinking / using drugs, what is your eating pattern like? Describe**

**50. Are you on any special diets? Describe**

**51. What types / amounts of beverages do you drink other than alcohol? Describe**

**52. Do you currently experience any of the following? If so, how long and what are you doing to solve the following?**

**\_\_\_ Irritation of mouth, tongue, throat \_\_\_\_ Diarrhea**

**\_\_\_\_ Stomach pains \_\_\_\_ Abdominal pains**

**\_\_\_\_ Heart burn / gas \_\_\_\_ Nausea**

**\_\_\_\_ Vomiting / dry heaves \_\_\_\_ Constipation**

**\_\_\_\_ Other**

**53. Have you ever vomited blood? When? Describe**

**54. Have you ever had stomach ulcers or other stomach problems? Describe**

**55. How frequently and for what reason do you use aspirin? Describe**

**56. What medications do you use to relieve stomach distress? Describe**

**57. Do you have hemorrhoids? Describe**

**58. Have you ever had bleeding from the bowels? When? Describe**

**59. Have you noticed a change in the color of your stool? When and Describe**

**60. What medications do you use to relieve stomach or bowel distress? Describe**

**61. Have you ever been told that you have trouble with your pancreas? When and Describe**

**62. Have you ever had jaundice? If so, when and where? Describe.**

**63. Have you ever been told that you have trouble with your liver? When and how long?**

**64. Do you have diabetes? Describe how long have you had it?**

**65. Do you have dentures / partials?**

**NEURO**

**66. What reactions do you experience when you stop drinking / using drugs? Describe and when was the last experience?**

**\_\_\_\_ Tremors \_\_\_\_ DTs**

**\_\_\_\_ Seizures \_\_\_\_ Other**

**\_\_\_\_ Hear or see things**

**67. Have you ever taken Dilantin or other medications for seizures? Describe and what did you use it for?**

**68. Have you ever been unable to remember later what occurred while you were drinking / using drugs? When? Describe the last time.**

**69. Do you experience any of the following? Describe.**

**\_\_\_\_ Tingling or numbness in the hands or feet**

**\_\_\_\_ Muscle pain in legs or arms**

**\_\_\_\_ Difficulty in keeping your balance**

**\_\_\_\_ Double vision**

**\_\_\_\_ Periods of mental confusion**

**70. Describe any problems you experience with your sleep. Do you feel rested? What do you do when you are unable to sleep? How long do you sleep each night?**

**71. Do you experience any of the following? Describe**

**\_\_\_\_ Swelling of the hands and feet \_\_\_\_ varicose veins**

**\_\_\_\_ Shortness of breath \_\_\_\_ Chest pains**

**\_\_\_\_ Irregular heart beat \_\_\_\_ Rapid heart beat**

**72. Have you ever been told you have any of the following: Describe**

**\_\_\_\_ High blood pressure**

**\_\_\_\_ Anemia of any type**

**\_\_\_\_ Any blood disorder**

**73. What medications, if any at all, are you taking for heart disease? Describe how long?**

**74. Do you experience any of the following? Describe**

**\_\_\_\_ frequent colds \_\_\_\_ TB**

**\_\_\_\_ Coughing up blood \_\_\_\_ Chronic cough**

**\_\_\_\_ coughing up excessive amounts of phlegm \_\_\_\_ other**

**75. Do you smoke? \_\_\_\_ Have you ever smoked? \_\_\_\_ How much now? \_\_\_\_\_\_\_**

**INTEGUMENT**

**76. Do you experience any of the following? Describe**

**\_\_\_\_ Sores that heal poorly \_\_\_\_ Dermatitis**

**\_\_\_\_ Reddened palms \_\_\_\_ Hair loss**

**\_\_\_\_ Frequent boils**

**77. Do you bruise easily? Describe**

**78. Do you experience any of the following? Describe**

**\_\_\_\_ Painful urination \_\_\_\_ Blood in urine**

**\_\_\_\_ Frequency of urination \_\_\_\_ Difficulty in passing urine**

**SEX PATTERN**

**79. Are you sexually active? Are you able to receive satisfaction from sexual intercourse? Do you use birth control? Describe the changes in your sex life since you have been drinking / using drugs heavily?**

**OTHER DRUGS TAKEN**

**80. What medications do you take? Please give a complete list all medications (even natural medication and or over the counter**

**\_\_\_\_ Prescribed \_\_\_\_ OTC \_\_\_ Street**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**81. How are the medications / drugs administered? Describe how your medications are administered?**

**82. What is your usual manner of taking medicine? Describe**

**\_\_\_\_ as directed \_\_\_\_ Less than directed**

**\_\_\_\_ More than directed \_\_\_\_ According to what you feel you need**

**83. Have you ever experienced any of the following as a result of your street drug use? Describe**

**\_\_\_\_ Gum infections \_\_\_\_ Drug overdose**

**\_\_\_\_ Hepatitis \_\_\_\_ Blood poisoning**

**\_\_\_\_ Infection at the injection site \_\_\_\_ Abscesses**

**84. Are you allergic to any medication / food?**

**GOALS**

**85. What are your ideas for managing you’re drinking / drug use when you leave this agency? Describe**

**86. Are you now or have you ever been involved in a lesbian relationship?**

**87. Have you ever been a victim of sexual abuse, rape, or incest? Describe**

**88. Comments or questions?**

**This verifies that the prescreening application for admission into The Friendship Connection’s Primary or Residential Transitional Program was completed by the undersigned.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Client Date

**Revised 03/17/16**