

Admission/Intake Screening Form

Date: _____

Full Name: _____

First

Middle

Last

Date of Birth: _____ Age: _____

SSN: _____ Height: _____ Weight: _____ (by TPN Staff)

Marital Status: _____ Telephone: _____

Race:

- White Black/African American American Indian/ Alaskan Native
 Asian Native Hawaiian/other Pacific Islander Hispanic/Latin Other

Current Address: _____ City: _____

(Not TPN's or County Jail)

County: _____ State: _____

How Long at Current Address: _____ Who do you live with? _____

Highest Education Completed: _____ Veteran: Yes NO
GED Yes NO

Drug(s) of Choice: _____

Age at First Use: _____ Last Date and Substance(s) used: _____

Previous Treatment Programs & Length of Stay at Each:

Admission/Intake Screening Form

Current Legal Status (i.e. pending charges, court dates, warrants) _____

You are coming to TPN as or from:

- Court Ordered
- OR from Court
- Home Plan
- Behavioral Health Unit
- Volunteered

Name & Telephone Number of:
Probation Parole Officer _____
Attorney Public Defender _____

Previous Convictions & Periods of Incarceration to Include County/State/Federal facilities:

Do you owe on; if yes how much:

Fines, Intervention fees \$ _____, \$ _____

Garnishments, Child Support? \$ _____, \$ _____

Do you have medical insurance/Medicaid/WIC? Y N

Work History (occupational training) starting with your most recent job:

Employer: _____

Supervisor: _____

Phone NO: _____ Date of employment _____ to _____

Employer: _____

Supervisor: _____

Phone NO: _____ Date of employment _____ to _____

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Medical History (surgery, head injuries, mental illness, Hep C, HIV): Please circle

Anxieties Depression Diabetic Hep C Active Hep C Head injuries
High Blood Pressure Knee Problems Shoulder Problems Sleep disorders

Are you currently taking any medication- prescription or over the counter: If so, circle all

Baclofen	Bupropion	Celecoxib	Citalopram	Diphenoxylate	Divalproex
Famotidine	Fluoxetine	Gabapentin	Haloperidol	Hydroxyzine	Levetiracetam
Lisinopril	Mirtazapine	Naltrexone	Olanzapine	Prazosin	Promethazine
Quetiapine	Sulfa trim	Temazepam	Trazadone	Venlafaxine	

List any narcotic prescription narcotic _____

Allergies (food and or medications): _____

Emergency Contact (next of Kin): _____

Name

Phone Number

Do you have a valid?

Picture ID (not paper) Yes NO

Social Security Card Yes NO

Birth Certificate Yes NO

Are you truly ready to make a commitment to change your life? _____

TPN believes in the brain disease model and it takes a minimum of one year to make the behavioral changes, to gain the knowledge and to be able to use the knowledge to stay clean and sober.

What are your expectations from TPN in supporting your recovery?

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Please list three things that you wish to accomplish while you are at TPN?

1. _____
2. _____
3. _____

Signed: _____ Date: _____
(Client)

Signed: _____ Date: _____
(TPN Representative)