

## CLIENT INFORMATION SHEET

ADMISSION DATE : \_\_\_\_\_ DISCHARGE DATE : \_\_\_\_\_

### PERSONAL INFORMATION

Client Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Attend Church? \_\_\_\_\_ Denomination? \_\_\_\_\_

Medicaid/care # \_\_\_\_\_, \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_ Rent Charged \$ \_\_\_\_\_

### EMERGENCY NOTIFICATION

Name : \_\_\_\_\_ Relation : \_\_\_\_\_

Address : \_\_\_\_\_

Home Number : \_\_\_\_\_ Cell Number : \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

PP Address : \_\_\_\_\_

Mental Health Physician (ie Metrocare) \_\_\_\_\_ Phone Number \_\_\_\_\_

MH Address \_\_\_\_\_

Probation/Parole Officer \_\_\_\_\_ Phone Number \_\_\_\_\_

PA Address \_\_\_\_\_

### MEDICAL INFORMATION

Medical/Mental Diagnosis and Hospitalization (MH) History \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Allergies \_\_\_\_\_

Medications : \_\_\_\_\_

## RESIDENTIAL HISTORY

Please list housing arrangements for the last 3 years? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reasons for Leaving? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## CRIMINAL HISTORY ( criminal/sex abuse/drug conviction)

Have you ever been convicted of a crime? List all convictions and pending proceedings and dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you on probation/parole? \_\_\_\_\_ What's the duration? \_\_\_\_\_

How often do you go to court? \_\_\_\_\_

Are you a register sex offender? \_\_\_\_\_

## DRUG/ALCOHOL HISTORY

Have you ever and/or do you use illegal drugs and or drink alcohol? \_\_\_\_\_

How Long have you been off drugs and/or stopped drinking alcohol? \_\_\_\_\_

Do you currently attend NA and/or AA Meetings? If so, how often? \_\_\_\_\_

When was your last meeting? \_\_\_\_\_

Who is your Sponsor? \_\_\_\_\_ Phone Number \_\_\_\_\_

List agreed upon **Resident Recovery Plan** below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONFIDENTIAL