



INITIAL SCREENING

Name: _____ Client's Date of Entry: _____ Readmit: Y or N Year _____

Address: _____ Phone: _____

D.O.B. _____ Age _____ Race _____ I.V. Drug User: Y or N Family: Y or N Is client pregnant? Y or N

Referred by:

GR or Cal-Works Mandated? If Yes _____ CASC'S Name: _____ If No, by Whom: Probation: _____ Parole: _____

DCFS: _____ Courts: _____ Walk-in: _____ Other: _____

Present Drug and Alcohol use:

DRUG (S) USAGE AND LAST USE: Cocaine/Crack: _____ Alcohol: _____ Heroin: _____ Marijuana: _____ Other: _____

How many years using: _____ In the last 30 days how many days has the client used? _____ Money Spent _____

Comment: _____

Treatment History:

How many TX Programs has the client been in? _____ How many completed? _____

Name and date of most recent program: _____

Comment: _____

Living Situation:

Is Client Homeless or Near Homeless: Y ___ N ___ the client is staying: _____

Has been there since? _____ Expected length of stay? _____

Comment: _____

Current Mental Health Issues:

Has the client ever been diagnosed with a Mental Disorder? Y or N DX= _____

Is the client currently seeing a psychiatrist for any reason? Y or N Where: _____

Is client taking any psychiatric medication? Y or N Type of Meds. _____

Has the client attempted Suicide? Y or N How Many Times: _____

Explain: _____

Recommendations:

Eligible: _____ Appt's Schedule with: _____ Date: _____ Time: _____ For: _____

Comments: _____

Staff Signature