

The Straight and Narrow Transitional Living

Personal History and Intake Assessment

Name: _____ Date of Birth: _____ Gender: F__ M__

Contact Phone: _____ Contact Name (if not self): _____

Other contact info (email, Facebook, etc) _____

Mailing address: _____

Present Legal Status (probation, parole, diversion, drug court, etc):

Circumstances that brought you to the S&N (homelessness, probation, seeking help, substance abuse/ dependency)

Family Information

Marital Status: _____ Children: _____

Please list how many children and their ages:

Do you have a family history of drug abuse problems? Yes ____ No ____

If yes, please explain:

Current Living Situation

Where do you currently live? _____

How many people live in your household including yourself? _____

What is your current gross income (amount you earn before deductions): \$_____

What resources do you have to support yourself? _____

Do you have any other type of support? _____

Do you have any past debt that needs to be paid (past rent, unpaid bills, student loans, court fines, etc)? Please specify:

Educational Background

Do you have a high school diploma or GED? _____

Are you currently enrolled in any type of school? Yes ___ No ___

If so, where are you attending?

If no, would you like to be enrolled in any type of school, training or trade program?
Please explain:

Religious/ Spiritual Affiliation

Do you have any religious or spiritual affiliation? Yes ___ No ___

If yes, please explain:

Military Experience

Do you have any military experience? Yes ___ No ___

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Alcohol and Drug History

Type of substance	Age of first use	Amount Used	How often	Method of use	Longest period of abstinence	Last used

Treatment History

When did you attend program	What type of program did you attend	How long did you attend the program	Were you court ordered to attend the program

Medical History: Please check all that apply

Please list the name and phone number of your medical doctor:

Name: _____ Phone number: _____

Have you ever shared needles with anyone? _____

Have you ever engaged in risky sexual behavior? (please explain_

Have you ever been a victim of sexual or physical abuse? (please explain)

Have you ever perpetrated sexual or physical abuse upon someone else?

Have you ever attempted suicide or have/ had sever suicidal/ homicidal ideations?
