

Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____

Town: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cellphone:** _____

Referral Source/Agency: _____

Referral Source Contact Name: _____ **Referral Source Phone:** _____

Insurance

MaineCare #: _____ Limited Full **Medicare #:** _____

Private Insurance: _____ **ID#:** _____

Copay/Co-Insurance: _____ **Deductible: \$** _____

Individual does not carry insurance

Alcohol/Drug Use History

Please list any substances you have used (include street drugs, alcohol, marijuana and any prescribed narcotics you have not taken as instructed:

Most Used: _____

Age of First Use: _____

Second Most Used: _____

Date of Last Use: _____

Third Most Used: _____

Please list any additional substances you have used: _____

Most recent injection drug use? None In the last 6 months In the past 5 years More than 5 years

Have you Served in the Military?: Y / N

Treatment History - Have you ever been to:

Detox: Y / N **How many times?** _____ **Where?** _____ **Most recent date:** _____

Residential: Y / N **How many times?** _____ **Where?** _____ **Most recent:** _____

IOP: Y / N **How many times?** _____ **Where?** _____ **Most recent:** _____

Outpatient: Y / N **How many times?** _____ **Where?** _____ **Most recent:** _____

More questions on reverse side

Legal History

Please list convictions and pending charges (Include any current involvement with DHHS/Child Protective Services): _____

If you are working with any of the following, please include their names:

Probation Officer? _____ **Phone #** _____

Maine Pretrial Case Manager? _____ **Phone #** _____

Lawyer? _____ **Phone #** _____

- Does your lawyer know and/or support your request for screening? Y / N

- Has the court approved your screening request? Y / N

DHHS/Child Protective Case Manager? _____ **Phone #** _____

Are you on Deferred Disposition? Y / N