Client Name

# CLIENT INTAKE INFORMATION

## Capstone Recovery Center Inc. -Dr. Oscar D. Ramirez – Counseling Director

| Full Name First | Middle | Last | Date |
|---|---|---|---|
| | | | |

| Address | City | Zip |
|---|---|---|
| | | |

| Social Security # | Date of Birth | Place of Birth | Age | Sex | Race / Ethnic Origin |
|---|---|---|---|---|---|
| | | | | | |

Source of Referral: ❑ Self ❑ Family/Friend ❑ Hospital ❑ Pastor ❑Other -

Present Marital status : ❑ Never Married ❑ Single ❑ Engaged ❑ Married ❑ Separated ❑ Divorced # _____ times ❑ Widowed

| Home Phone | Work Phone | Employer | Employer's Address |
|---|---|---|---|
| ( ) | ( ) | | |

Other sources of income

| Insurance Company | Policy Number |
|---|---|
| | |

Emergency Contact Relation Phone

( )

| List family members (children, parents etc) (Name) | Relation | Age | Alive | Deceased |
|---|---|---|---|---|
| 1. (Father) _____ | _____ | _____ | _____ | _____ |
| 2. (Mother )_____ | _____ | _____ | _____ | _____ |
| 3. (Bro./Sis)_____ | _____ | _____ | _____ | _____ |
| 4.(1/2 Bro/Sis)_____ | _____ | _____ | _____ | _____ |
| 5. (Sons/Daughters)_____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ | _____ |

What problems are you experiencing that you feel you need help with?

1. _____

2. _____

3. _____

| What prescription medication are you presently taking? | Dosages | Purpose |
|---|---|---|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

| What non-prescription medication or over the counter drugs are you presently taking? | Dosages | Purpose |
|---|---|---|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Client Name

List any drug allergies:
_____

List any food, chemical, or other allergies:

Are you experiencing any medical problems at the present time? ? ❑ No ❑ Yes, explain

_____

_____

_____

How would you describe your present physical health?
Good ❑
Fair ❑
Poor ❑

| Date of last check-up ❑ Unknown | Name of Physician | Phone |
|---|---|---|
| | | |

Do you have any communicable diseases? ❑ No ❑ Yes ❑ TB ❑ Hepatitis ❑ VD/STD ❑ HIV/AIDS ❑ Unknown ❑ Other (explain)

| Hospital or In-Patient Treatments (list most recent first) Name of In-Patient facility or Hospital | Treatment Dates | Reason for Treatment, Symptoms | Results of Treatment |
|---|---|---|---|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. | | | |

Do you have any physical disabilities, limitations, limited range of motion, ailments ❑ No ❑ Yes (Explain)

_____

_____

Are you able to use normal stairs (Ex. Can you go to the second floor if no elevator is available? ❑ No ❑ Yes

# EDUCATIONAL HISTORY

Do you have any problems or difficulty reading or writing?
❑ No ❑ Yes (explain)

If you speak more than one language, what do you consider your primary language?

Has anyone ever told you, or do you think that you may have a learning disability? ❑ No ❑ Yes (Explain)
:

Were you hyperactive in school or at home? ❑ No ❑ Yes

Did you take medication for it? ❑ No ❑ Yes (Explain)

Did you skip or miss school a lot? ❑ No ❑ Yes (explain)

_____

_____

_____

How many different schools did you attend? _____ Did you move around a lot during your school years? ❑ No ❑ Yes (explain)

_____

_____

Were you ever held back a grade in school? ❑ No ❑ Yes
If yes, what grade(s)

What is the highest grade that you completed?

Did you ever get in trouble in school. ❑ No ❑ Yes

Were you ever suspended or expelled from school? ❑ No ❑ Yes

If yes, for what reason? _____

_____

Were you ever involved in fights or other forms of violence in school? ❑ No ❑ Yes (explain)

_____

_____

Were you ever involved with, or a member of a gang?? ❑ No ❑ Yes Explain and give details of the type of activities that you did while in the gang.

_____

_____

_____

Do you have a High School Diploma? ❑ No ❑ Yes
Do you have a GED? ❑ No ❑ Yes

Grade point average

Did you ever attend a trade or vocational school? ❑ No ❑ Yes

_____

_____

_____

_____

Did you ever attend College, or Adult Educational courses at college? ❑ No ❑ Yes

_____

_____

Are you interested in furthering your education going back to school? ❑ No ❑ Yes Do you have any certificates of licenses? ❑ No ❑ Yes

What subject or area of interest?

# VOCATIONAL & EMPLOYMENT HISTORY

What is your longest period of employment

What company were you working for at the time?

Why did you leave?

_____

What is your longest period of unemployment?
What did you do during this time?

What type of work do you do, or what is your job title?

_____

Do you enjoy this type of work? ❑Yes ❑ No Explain

_____

What type of work would you rather be doing?

Client Name

| Have you ever been in any branch of the military service?<br>❑ No (if no, skip down to next section)<br>❑Yes ❑ Active Duty ❑ Reserve | What branch(es) of service<br>_____ | Dates of service<br>From _____ to _____<br>From to | Type of discharge<br>_____ |
|---|---|---|---|
| | | | |

What reasons, situations, or pressures ***caused you to enter*** the military

_____

_____

| What was your Military Occupational Specialty (MOS / AFSC)? | Special Training |
|---|---|
| | |

Did you ever receive an Article 15 or any other form of military discipline? ❑ No ❑ Yes
Explain:

_____

_____

Where were you stationed or deployed?

_____

Were you ever deployed in a combat zone or in a combat support situation? ❑ No ❑ Yes
Explain

_____

_____

What was the most difficult or stressful event or circumstance that you experienced in the military?

_____

_____

Have you ever been diagnosed with Post Traumatic Stress Disorder? ❑ No ❑Yes (Explain)

_____

_____

Have you ever received any services from the Veterans Administration? ❑ No ❑ Yes

Did you use drugs or alcohol while in the service? ❑ No ❑Yes (to what extent?)

_____

_____

Client Name

# FINANCIAL

Do you receive a Disability or Pension ❑ No ❑Yes, Amount $

What is your primary source of income:

Are you ***presently*** receiving SSI or SSD ? ❑ No ❑Yes Amount per month $ Reason:
Have you ***ever*** received SSI or SSD ***in the past***? ❑ No ❑Yes Amount per month $ Reason:
Are you ***presently*** receiving food stamps ? ❑ No ❑Yes Amount per month $ Reason

Are you in default, or behind in payments on any (student) loans ❑ No ❑Yes Amount $ Owed to who?

Are you current on reporting your Federal Income Taxes? ❑Yes ❑ No Amount of taxes owed $ For what year(s)?

Do you ❑ own your own home or ❑ rent? ❑ live with parents or other relative

Do you own a car? ❑ No ❑Yes Year Make Model

How many credit cards do you own? What is your total credit card indebtedness?
Do you have a savings account? 401K? Other retirement plans
Do you believe you are a good budget planner? ❑ Good ❑ Average ❑ Bad ❑ None
Have you ever filed for bankruptcy? ❑ No ❑Yes Amount $
How would you describe your credit rating? ❑ Good ❑ Average ❑ Poor ❑ None

# LEGAL HISTORY

Have you ever used any aliases, or are you known by any other name or nickname ? ❑ No ❑ Yes Explain:

Do you have any charges pending in any court? ❑ No ❑ Yes
Charge

| City, | County | State |
|---|---|---|
| | | |
| | | |

Do you have any adult convictions? ❑ No ❑ Yes

| Date | Charges or Type of Offense | Disposition | Time Served | Institution |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Probation or Parole status

Client Name

# ALCOHOL & DRUG USE HISTORY

Do you engage in any behavior that you wish you could stop (compulsive), or are you addicted to any *activity* or substance? ❑ No ❑ Yes (Explain)

1. _____

2. _____

3. _____

4. _____

**Have you ever used:**

| | | | | | |
|---|---|---|---|---|---|
| Marijuana . . . . . | Never ❑ | Experimented ❑ | Occasionally ❑ | Frequently ❑ | Drug of choice ❑ |
| Nicotine . . . . . | Never ❑ | Experimented ❑ | Occasionally ❑ | Frequently ❑ | Drug of choice ❑ |
| Liquor/Beer/Wine. . . | Never ❑ | Experimented ❑ | Occasionally ❑ | Frequently ❑ | Drug of choice ❑ |
| Cocaine powder. . . . . | Never ❑ | Experimented ❑ | Occasionally ❑ | Frequently ❑ | Drug of choice ❑ |
| Crack (rock) . . . . . | Never ❑ | Experimented ❑ | Occasionally ❑ | Frequently ❑ | Drug of choice ❑ |
| Heroin . . . . . | Never ❑ | Experimented ❑ | Occasionally ❑ | Frequently ❑ | Drug of choice ❑ |
| Opiates . . . . . | Never ❑ | Experimented ❑ | Occasionally ❑ | Frequently ❑ | Drug of choice ❑ |
| Meth Amphetamines | Never ❑ | Experimented ❑ | Occasionally ❑ | Frequently ❑ | Drug of choice ❑ |
| Benzodiazepines. . . . | Never ❑ | Experimented ❑ | Occasionally ❑ | Frequently ❑ | Drug of choice ❑ |
| Mushrooms . . . . . | Never ❑ | Experimented ❑ | Occasionally ❑ | Frequently ❑ | Drug of choice ❑ |
| PCP (Angel Dust) . . | Never ❑ | Experimented ❑ | Occasionally ❑ | Frequently ❑ | Drug of choice ❑ |
| **Ever used needles?** | Never ❑ | Experimented ❑ | Occasionally ❑ | Frequently ❑ | Drug of choice ❑ |
| Methadone | Never ❑ | Experimented ❑ | Occasionally ❑ | Frequently ❑ | Drug of choice ❑ |
| Other _____ | Never ❑ | Experimented ❑ | Occasionally ❑ | Frequently ❑ | Drug of choice ❑ |

Any other drug or substance

If you were to be limited to only one substance (including alcohol) what would it be?

Which drug do you feel causes you **the most overall harm?**
Why?

_____

_____

Has substance abuse been present in any other member of your family, or by anyone else in your home? ❑ No ❑ Yes (Explain).

_____

_____

_____

Do you find yourself struggling with ***activities*** such as:

Eating❑ Dieting❑ Sexual activities❑ Pornography❑ Relationships❑ Exercise❑
Gambling❑ Work❑
Computer games❑ Internet/social media❑ Television❑ Telephone❑ Fiction/Romance novels❑
Sports ❑ Dangerous activities❑ Collectibles _____❑ Pinball/Arcade games❑ Chocolate/sweets❑
Other compulsive activities: (explain):

Have you ever ***tried to stop*** (compulsive behavior, or ***reduce your consumption*** of substances) on your own? ❑ No ❑ Yes
What ways did you use to try to stop:

_____

_____

Do you engage in activities that other people may consider dangerous? ❑ No ❑ Yes (Explain)

_____

Client Name

Are you receiving help from any other counselor, minister, therapist, psychologist, social worker or any other person? ❑ No ❑ Yes (Explain)

Have you ever been involved in any other type of treatment or Recovery Program (AA, NA, 12 Step, Detox, Day Treatment, Etc.)❑ No ❑ Yes (Explain)

_____

_____

_____

What benefit do you feel you received from these programs?

_____

_____

Why do you feel that these other programs have not worked for you?

_____

_____

Have you ever taken or had prescribed any form of psychotropic medication? ❑ No ❑ Yes For what symptoms? Explain.

_____

_____

_____

# SEXUAL HISTORY

Have you ever been abused physically or sexually (including rape)? ❑ No ❑ Yes, explain when and how:

_____

_____

_____

_____

_____

_____

How old were you when you first began to be active sexually?

_____

_____

Have you ever been involved sexually with anyone of the same sex?

_____

_____

Do you have any unusual sexual preferences? ❑ No ❑ Yes, explain when and how:

_____

_____

Client Name

# SPIRITUAL HISTORY

Describe your previous church involvement or activities

_____

_____

How would you rate your Present spiritual health?

Strong ❑

Average ❑

Weak ❑

Non-existent ❑

If you were to die today, **why** do you think God would or should let you into His perfect home, heaven?

_____

_____

_____

Have you ever been involved in Cults (Jehovah's Witness, Mormon, Etc.) ? ❑ No ❑ Yes (Explain)

_____

_____

_____

Have you ever been involved in the occult (Santeria, tarot cards, Ouija boards, fortune telling, astrology, magic, etc.)? ❑ No ❑ Yes (Explain)

_____

_____

_____

Have you ever had an "out of body" experience: ? ❑ No ❑ Yes (Explain).

_____

Have you ever been involved in "thought projection" "mental telepathy" or hypnotism:? ❑ No ❑ Yes (Explain)

_____

Have you ever taken any blood oaths or vows ? ❑ No ❑ Yes (Explain)

_____

_____

Do you feel that God may have forgiven you for the things you have done, but you cannot forgive yourself? ❑ No ❑Yes (Explain):

_____

_____

_____

Client Name

# PSYCHOLOGICAL HISTORY

Do you have reoccurring dreams or nightmares? ❑ No ❑Yes (Describe)

_____

_____

_____

COMPLETE THE SENTENCE: Of all the things concerning myself, I am most self-conscious about .... (Explain)

_____

_____

_____

What was the most traumatic time or event in your life? What made that event so traumatic?

_____

_____

_____

Do you experience intrusive thoughts or flash backs? ❑ No ❑Yes (Describe)

_____

_____

_____

Have you ever heard voices? ❑ No ❑Yes (explain):

_____

_____

What objects, situations, circumstances, or people are the cause of your greatest fears? How seriously are you affected by these fears?

_____

_____

_____

What objects, situations, circumstances or people create anxiety within you? How severely do these anxieties affect you?

_____

_____

Do you feel that you experience extreme mood swings (feeling ***very*** good and feeling ***very*** bad)? ❑ No ❑Yes (Explain)

_____

_____

Client Name

Have you ever been physically violent with another person or have you ever been accused of threatening someone else with violence? ❑ No ❑Yes, explain:

_____

_____

_____

Have you ever tried to harm yourself or attempted suicide? ❑ No ❑Yes (Explain)

_____

_____

_____

Has anyone in your family ever attempted suicide? ❑ No ❑Yes (Explain):

_____

_____

_____

How would you describe your present mental health? Good ❑ Fair ❑ Poor ❑

COUNSELOR NOTES:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Client Name

## The Holmes-Rahe Life Stress Inventory

### The Social Readjustment Rating Scale

**INSTRUCTIONS: Mark down the point value of each of these life events that has happened to you during the previous year. Total these associated points.**

| Life Event | Mean Value |
|---|---|
| 1. Death of spouse | 100 |
| 2. Divorce | 73 |
| 3. Marital Separation from mate | 65 |
| 4. Detention in jail or other institution | 63 |
| 5. Death of a close family member | 63 |
| 6. Major personal injury or illness | 53 |
| 7. Marriage | 50 |
| 8. Being fired at work | 47 |
| 9. Marital reconciliation with mate | 45 |
| 10. Retirement from work | 45 |
| 11. Major change in the health or behavior of a family member | 44 |
| 12. Pregnancy | 40 |
| 13. Sexual Difficulties | 39 |
| 14. Gaining a new family member (i.e.. birth, adoption, older adult moving in, etc) | 39 |
| 15. Major business readjustment | 39 |
| 16. Major change in financial state (i.e.. a lot worse or better off than usual) | 38 |
| 17. Death of a close friend | 37 |
| 18. Changing to a different line of work | 36 |
| 19. Major change in the number of arguments w/spouse (i.e.. either a lot more or a lot less than usual regarding child rearing, personal habits, etc.) | 35 |
| 20. Taking on a mortgage (for home, business, etc..) | 31 |
| 21. Foreclosure on a mortgage or loan | 30 |
| 22. Major change in responsibilities at work (i.e. promotion, demotion, etc.) | 29 |
| 23. Son or daughter leaving home (marriage, attending college, joined mil.) | 29 |
| 24. In-law troubles | 29 |
| 25. Outstanding personal achievement | 28 |
| 26. Spouse beginning or ceasing work outside the home | 26 |
| 27. Beginning or ceasing formal schooling | 26 |
| 28. Major change in living condition (new home, remodeling, deterioration of neighborhood or home etc.) | 25 |
| 29. Revision of personal habits (dress manners, associations, quitting smoking) | 24 |
| 30. Troubles with the boss | 23 |
| 31. Major changes in working hours or conditions | 20 |
| 32. Changes in residence | 20 |
| 33. Changing to a new school | 20 |
| 34. Major change in usual type and/or amount of recreation | 19 |
| 35. Major change in church activity (i.e.. a lot more or less than usual) | 19 |
| 36. Major change in social activities (clubs, movies,visiting, etc.) | 18 |
| 37. Taking on a loan (car, tv,freezer,etc) | 17 |
| 38. Major change in sleeping habits (a lot more or a lot less than usual) | 16 |
| 39. Major change in number of family get-togethers ("") | 15 |
| 40. Major change in eating habits (a lot more or less food intake, or very different meal hours or surroundings) | 15 |
| 41. Vacation | 13 |
| 42. Major holidays | 12 |
| 43. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, etc) | 11 |