

Currently Live With

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Roommate(s) | <input type="checkbox"/> Spouse/Significant Other | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Own Family | <input type="checkbox"/> Extended Family | <input type="checkbox"/> Treatment Program |
| <input type="checkbox"/> Alone | <input type="checkbox"/> Institution name _____ | |

Person to Contact in Emergency: _____

Please list their contact information.

Name: _____

Address: _____

Phone number:

Work: _____

Mobile: _____

Email address: _____

How did you learn about Serenity Grove or who referred you? _____

What is (are) your main reason(s) for being interested in living at Serenity Grove?

Do you have a family doctor? yes no

If yes, what is the name of your doctor? _____

Doctor's contact information:

Do you have insurance? Yes No Not sure

If yes, what is the name of your insurance company? _____

When was your most recent physical? _____

Please list all current medications you are taking.

Ability Differences

Do you have?

- Physical Challenges Visual Challenges Hearing Challenges
 Learning Challenges Other (please describe): _____

If you checked something above, what is the nature of your challenge?

List accommodations you might need:

General History

What previous attempts have you made at sobriety? What have you tried? What hasn't worked for you? What do you think got in the way of your attempt(s) being successful?

Are you currently participating in treatment? Yes No
If yes, please briefly describe:

Have you participated in treatment before? Yes No

If yes, how many times? When: Where:

Please briefly describe your experience with treatment?

Which 12 Step program(s) or other recovery programs are you involved?

Do you have a sponsor? yes no

Not currently involved with a recovery program

My use of alcohol or drugs has resulted in:

- | | | |
|---|---|--|
| <input type="checkbox"/> Traffic violations | <input type="checkbox"/> Fights with friends/family | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Relationship problems | <input type="checkbox"/> Legal problems/jail |
| <input type="checkbox"/> Disciplinary job actions | <input type="checkbox"/> Regretted sexual activity | <input type="checkbox"/> Academic problems |

When did you last use alcohol? _____

When did you last use drugs? _____

What is your preferred drug(s) of choice? _____

How long have you been drug and alcohol free?

- Less than a month → How many days? ____ ____
- One to three months
- Four to six months
- Seven months to a year
- More than one year

Have you ever been treated for a mental health problem? Yes No

Have you ever been diagnosed with a mental health problem? Yes No

What was your diagnosis? _____

For weight control I used:

- Vomiting
- Laxatives
- Not eating
- Extensive exercise
- Special diets
- Diet pills or herbs/supplements
- Other:

I have in the past:

- Thought to harm myself
- Tried to harm myself
- Thought to harm others
- Tried to harm other persons

I have currently:

- Thought to harm myself
- Tried to harm myself
- Thought to harm others
- Tried to harm other persons

Please explain all checked boxes:

Please list any trauma you may have experienced (e.g. sexual abuse, physical abuse, verbal abuse, life threatening experience, loss of your parent as a child, loss of your own child)

What would you like to accomplish during your stay at Serenity Grove?

What are your top 3 long-term goals and what are your reasons for picking these?

What potential challenges do you see in improving your recovery?

Do you have a case manager? yes no

If yes, please list their contact information.

Name: _____

Address: _____

Phone number:

Work: _____

Mobile: _____

Email address: _____

Do you have a probation officer? yes no

If yes, please list their contact information.

Name: _____

Address: _____

Phone number:

Work: _____

Mobile: _____

Email address: _____

I have/will have provided Serenity Grove with:

- Valid Photo ID Current Insurance information Past Assessments
- Discharge Papers if applicable

The information I have provided is true and accurate to the best of my ability.

Note: *Inaccurate information may affect your ability to become a resident at Serenity Grove Recovery House for Women.*

Print Your Name: _____

Your Signature: _____

Today's Date: _____

Witnessed: _____ Date _____

If you need more room to answer any question please use the back of the form or attach another sheet for your answers. Please indicate which question you are answering.

***Be sure to bring or have this form available to you during your interview.

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(office use only)

Reviewed with potential resident yes no

By name: _____ Date: _____