



# Guardian Angel Recovery HOUSE

## Intake Form

Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Gender: M F T

Referral Source: \_\_\_\_\_ Entry/Discharge Date: \_\_\_\_\_

Co-occurring Diagnosis \_\_\_\_\_

Prior Treatment(s): \_\_\_\_\_

Recovery Residence History \_\_\_\_\_

Drug(s) of Choice: \_\_\_\_\_ Any IV Opiate Use: Y N \_\_\_\_\_

Recovery Time: \_\_\_\_\_

Medications: \_\_\_\_\_

History of Self-Harm: \_\_\_\_\_

Recent Suicidal ideation Homicidal ideation: \_\_\_\_\_

Relationship Status: \_\_\_\_\_ Children: \_\_\_\_\_

Work Experience/Plan: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone/Address: \_\_\_\_\_

IB Test Y N (Must bring or have copy of results) Fees Discussed: Y N \$120.00 /wk. \_\_\_\_\_

Ever been arrested, convicted, or questioned for any violent or sexual crimes: Y N

Any outstanding warrants: Y N **Probation Officer:** \_\_\_\_\_

Legal Issues: \_\_\_\_\_

Are you legally mandated to be here? Y N Legal Charge? \_\_\_\_\_

Vehicle: Y N Valid License: Y N Drug Screens Discussed: Y N

History of sexual Abuse: \_\_\_\_\_ Number of Overdoses: \_\_\_\_\_

PLEASE WRITE ANY ADDITIONAL NOTES ON THE BACK OF THIS FORM.

1. What would you like to accomplish during your stay here?

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2. What are your top 3 goals and why did you pick these?

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3. What potential challenges do you see in improving your recovery?

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4. What else would be helpful for us to know about you to best serve you?

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