

CENTER FOR RECOVERY
Patient Information Form

Client Name: _____ Date: _____

Name of Guardian (if minor): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell/Other Phone: _____

Please do not call me at home

Please do not call me at work/cell/other

Can a message be left at this number?

Can a message be left at this number?

Yes No

Yes No

Social Security Number: _____

Birth Date: _____

Emergency Contacts

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell/Other Phone: _____

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell/Other Phone: _____

Medical Information

Primary Physician: _____ Phone: _____

Psychiatrist: _____ Phone: _____

Current Medication(s): _____

Medical Problems (Please describe): _____

Insurance Information

Primary Insurance: _____

Insurance Telephone Number: _____

Insurance Billing Address: _____

City: _____ State: _____ Zip: _____

Group #: _____ Policy #: _____

Insured's Name: _____

Insured's DOB: _____ Insured's SS#: _____

Name of Employer: _____

Does your insurance require prior authorization? Yes No

Secondary Insurance: _____

Insurance Telephone Number: _____

Insurance Billing Address: _____

City: _____ State: _____ Zip: _____

Group #: _____ Policy #: _____

Insured's Name: _____

Insured's DOB: _____ Insured's SS#: _____

Name of Employer: _____

Does your insurance require prior authorization? Yes No

How did you hear about us?

- Insurance
- Internet
- Referral from therapist or physician
- Word of mouth
- Yellow pages
- Other (Please specify): _____

I hereby authorize examination and whatever services deemed necessary. I agree to assume financial responsibility for same unless my insurance carrier has made prior arrangements with this office and this has been discussed and understood by all parties.

Signature of Patient or Responsible Party

Date

CENTER FOR RECOVERY, INC.

2121 S. Oneida St., Ste 412, Denver, CO 80224

303-6947492

Co-ordination of Benefits Form

Your information

First and Last Name: _____

Insurance ID# and Group: _____

Birthdate: _____

SS#: _____

Other Coverage Information

___ Yes, I/my spouse/one of my dependents has coverage through another health insurance plan.

___ No, neither I/my spouse/nor one of my dependents has coverage through any other health insurance plan.

If you answered "Yes" above, please complete the Other Health Insurance Section below.

Other Health Insurance

If you have more than one insurance plan, please complete this form for each plan.

Policyholder's Name: _____ SS#: _____

Policyholder's DOB: _____

Other health insurance company: _____

Effective Date: _____

Name(s) of family member(s) covered by this insurance: _____

I affirm that the information contained herein is accurate.

Signature: _____

Date: _____

Witness: _____

Check all problems which trouble you. Circle the most important.

SOC/18

-
- | | |
|--|---|
| 1 ___ not getting along with other people | 10 ___ not having anyone to share interests with |
| 2 ___ being criticized by others | 11 ___ feeling lonely |
| 3 ___ not fitting in with peers | 12 ___ being unpopular |
| 4 ___ feeling uncomfortable in social settings | 13 ___ being uncomfortable when talking to people |
| 5 ___ acting rude or overbearing | 14 ___ feeling inferior |
| 6 ___ acting in an immature way | 15 ___ feeling like people are against me |
| 7 ___ being suspicious of others | 16 ___ being embarrassed by family background |
| 8 ___ being shy | 17 ___ being let down by friends |
| 9 ___ not having close friends | 18 ___ feeling different from everyone else |
-

APP/12

-
- | | |
|------------------------------------|--|
| 19 ___ being overweight | 25 ___ being clumsy and awkward |
| 20 ___ being too short or too tall | 26 ___ not being clean and well-groomed |
| 21 ___ having physical handicap | 27 ___ not having suitable clothes |
| 22 ___ being too thin | 28 ___ being noticed for physical appearance |
| 23 ___ looking too old | 29 ___ having scars |
| 24 ___ having unattractive face | 30 ___ having facial blemishes |
-

VOC/18

-
- | | |
|--|---|
| 31 ___ not having a job | 40 ___ friends or relatives criticizing job |
| 32 ___ job not paying enough | 41 ___ lacking supervision on job |
| 33 ___ disliking type of job | 42 ___ boss being critical or unfair |
| 34 ___ job being dirty | 43 ___ having arguments on the job |
| 35 ___ disliking fellow employees | 44 ___ working too many hours |
| 36 ___ being disliked by co-workers | 45 ___ job creating health problems |
| 37 ___ being afraid of failing on the job | 46 ___ job having no future |
| 38 ___ being afraid of being fired or laid off | 47 ___ needing more education to succeed in job |
| 39 ___ working in unsafe conditions | 48 ___ being bored on job |
-

FAM/HOM/34

-
- | | |
|---|--|
| 49 ___ children misbehaving | 66 ___ spouse being unfaithful |
| 50 ___ disagreeing on how to raise children | 67 ___ having sexual problems in marriage |
| 51 ___ child or spouse having medical problem | 68 ___ not being understood by spouse |
| 52 ___ child or spouse having emotional problem | 69 ___ being unfaithful to spouse |
| 53 ___ spouse having problem with drugs or alcohol | 70 ___ having too much contact with relatives |
| 54 ___ having problems with in-laws | 71 ___ spouse working too many hours on job |
| 55 ___ having problems with parents | 72 ___ arguing with spouse over money |
| 56 ___ being separated or divorced from spouse | 73 ___ arguing with spouse over household chores |
| 57 ___ having constant arguments with spouse | 74 ___ house or apartment being too small |
| 58 ___ parents being separated or divorced | 75 ___ house or apartment needing repairs |
| 59 ___ parents constantly arguing | 76 ___ having problems with landlord |
| 60 ___ wanting to have children | 77 ___ not getting along with neighbors |
| 61 ___ not wanting to have a child or more children | 78 ___ not having any privacy at home |
| 62 ___ parents being too strict | 79 ___ not being able to afford living alone |
| 63 ___ parents interfering with decisions | 80 ___ living under unsanitary or dirty conditions |
| 64 ___ spouse having different interests | 81 ___ children leaving home |
| 65 ___ spouse having different background | 82 ___ living in dangerous neighborhood |
-

Check all problems which trouble you. Circle the most important.

SCH/12

- | | |
|--|--|
| 83 ___ getting bad grades | 89 ___ not understanding class material |
| 84 ___ not getting along with teachers | 90 ___ not getting along with other students |
| 85 ___ deciding on the right course of studies | 91 ___ feeling out of place in school |
| 86 ___ not having good study habits | 92 ___ feeling education is a waste of time |
| 87 ___ not having a good place to study | 93 ___ having a language problem in school |
| 88 ___ taking the wrong courses | 94 ___ being in the wrong school |

FIN/12

- | | |
|-----------------------------------|---|
| 95 ___ budgeting money | 101 ___ depending on others for financial support |
| 96 ___ not making enough money | 102 ___ lending money to friends or relatives |
| 97 ___ not having a steady income | 103 ___ not being able to pay medical bills |
| 98 ___ having to spend savings | 104 ___ spouse being careless with money |
| 99 ___ having unpaid bills | 105 ___ not having enough money for education |
| 100 ___ wasting money | 106 ___ dealing with bill collectors |

REL/14

- | | |
|--|--|
| 107 ___ feeling guilty about religion | 114 ___ not being able to get to church |
| 108 ___ not having any religious beliefs | 115 ___ feeling abandoned by God |
| 109 ___ arguing about religion | 116 ___ work interfering with religious practices |
| 110 ___ being confused about religious beliefs | 117 ___ being upset by religious beliefs of others |
| 111 ___ not having good philosophy of life | 118 ___ worrying about being accepted by God |
| 112 ___ failing in religious beliefs | 119 ___ being rejected by church |
| 113 ___ arguing with spouse about religion | 120 ___ failing to support church |

EMOT/20

- | | |
|---|---|
| 121 ___ feeling anxious or uptight | 131 ___ being afraid of hurting self |
| 122 ___ being afraid of things | 132 ___ feeling things are unreal |
| 123 ___ having the same thought over and over again | 133 ___ crying without good reason |
| 124 ___ being tired and having no energy | 134 ___ worrying about having a nervous breakdown |
| 125 ___ feeling depressed or sad | 135 ___ not being able to stop worrying |
| 126 ___ having trouble concentrating | 136 ___ not being able to relax |
| 127 ___ not remembering things | 137 ___ being unhappy all the time |
| 128 ___ getting too emotional | 138 ___ not having any enjoyment in life |
| 129 ___ feeling guilty | 139 ___ being influenced by others |
| 130 ___ worrying about diseases or illness | 140 ___ behaving in strange ways |

SEX/14

- | | |
|---|--|
| 141 ___ being uncomfortable with opposite sex | 148 ___ having problems with sexual relationship |
| 142 ___ being afraid of sexual diseases | 149 ___ having unsatisfactory sexual relationship |
| 143 ___ having a sexual disease | 150 ___ thinking about sex too often |
| 144 ___ being gay | 151 ___ disliking sex |
| 145 ___ worrying about sexual performance | 152 ___ being troubled by sexual attitudes of others |
| 146 ___ not knowing enough about sex | 153 ___ being troubled by unusual sexual behavior |
| 147 ___ not having someone to talk to about sex | 154 ___ being sexually underdeveloped |

Check all problems which trouble you. Circle the most important.

LEG/10

- | | |
|-------------------------------------|---|
| 155 ___ needing legal advice | 160 ___ being legally disowned by family |
| 156 ___ being sued | 161 ___ not receiving child support |
| 157 ___ not having retirement funds | 162 ___ not receiving alimony |
| 158 ___ being someone's guardian | 163 ___ having legal problem with neighbors |
| 159 ___ being on parole | 164 ___ facing criminal charges |

HEA/HAB/20

- | | |
|---|--|
| 165 ___ being physically hurt or abused | 175 ___ having physical disability |
| 166 ___ losing temper and hurting someone | 176 ___ having chronic illness |
| 167 ___ having thoughts of suicide | 177 ___ having recurring health problems |
| 168 ___ having a car accident | 178 ___ having many health problems |
| 169 ___ being attacked by an animal | 179 ___ being unhappy with medical care |
| 170 ___ smoking too many cigarettes | 180 ___ watching too much television |
| 171 ___ using drugs or alcohol | 181 ___ not having any hobbies |
| 172 ___ not getting enough exercise | 182 ___ needing a vacation |
| 173 ___ having poor sleeping habits | 183 ___ having poor eating habits |
| 174 ___ eating too much | 184 ___ not making time for leisure activities |

ATT/12

- | | |
|---|---|
| 185 ___ having a poor attitude about everything | 191 ___ not understanding attitudes of others |
| 186 ___ not having any interest in things | 192 ___ having problems with attitudes about religion |
| 187 ___ having a recent change in attitude | 193 ___ having problems with opinions about politics |
| 188 ___ holding opinions too strongly | 194 ___ having a poor attitude toward work |
| 189 ___ having no opinions about anything | 195 ___ having a poor attitude toward family |
| 190 ___ having different opinions than others | 196 ___ having a poor attitude toward self |

CRIS/12

- | | |
|--|---|
| 197 ___ friend or family member committing suicide | 203 ___ friend or family member attempting suicide |
| 198 ___ friend or family member having serious illness | 204 ___ friend or family member losing job |
| 199 ___ friend or family member getting a divorce | 205 ___ friend or family member being emotionally upset |
| 200 ___ friend or family member dying | 206 ___ being robbed |
| 201 ___ pet dying | 207 ___ child running away from home |
| 202 ___ losing something valuable | 208 ___ losing job |

List any other problems you might have.

- History
- Checklist™
- for Adults
-

John A. Schinka, Ph.D.

Name _____
Last First Initial

Age _____ Sex _____ Today's Date _____

DIRECTIONS

This checklist asks questions about your personal history and current life. Begin by entering your name, age, sex, and the date at the top of this page. Then turn to the inside of this booklet and answer the questions. All of the questions are numbered in order. For each question, make a mark (X) next to the answer that describes your history or current life. Many questions have a space labeled *Other* for writing in an answer if the correct answer is not provided. Questions followed by the symbol (✓✓✓) should be marked with all the answers that apply. For questions that do not apply, mark the answer *Does not apply*.

EXAMPLE

28. Did you start school in kindergarten or the first grade?

- ___ A. Kindergarten
- ___ B. First grade
- ___ C. Other _____

PAR Psychological Assessment Resources, Inc./P.O. Box 998/Odessa, FL 33556/TOLL-FREE 1-800-331-TEST

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I. PRESENTING INFORMATION

1. What is your race?
__ A. White
__ B. Black
__ C. Oriental
__ D. Hispanic
__ E. Asian
__ F. Native American
__ G. Other _____
2. Who referred you here, or recommended that you come here?
__ A. No one, came by yourself
__ B. A friend
__ C. A member of your family
__ D. Family doctor
__ E. Doctor treating you for a medical problem
__ F. A community agency
__ G. A priest, pastor, or other religious staff person
__ H. The police
__ I. A judge
__ J. Other _____
3. What is the main problem that led to your coming here?
__ A. Have no problem
__ B. Depression
__ C. Anxiety
__ D. Problems with thinking clearly
__ E. Problems with marriage
__ F. Problems with family
__ G. Problems with job
__ H. Problems with alcohol
__ I. Problems with drugs
__ J. Health problem
__ K. Facing criminal charges
__ L. Being physically abused
__ M. Other _____
4. In your own opinion, how severe is this problem?
__ A. Does not apply
__ B. Mild
__ C. Moderate
__ D. Severe
__ E. So bad that you are unable to meet any of your responsibilities
5. How long have you had this problem?
__ A. Does not apply
__ B. For the past several days
__ C. For the past several weeks
__ D. For the past several months
__ E. For the past year
__ F. For the past two years
__ G. For the past several years
6. Which of the following has this problem affected (✓✓✓)?
__ A. Does not apply
__ B. None
__ C. Your performance at work
__ D. Your personal relationships
__ E. Your health
7. Have you been treated for this problem before?
__ A. Does not apply
__ B. No
__ C. Yes, with success
__ D. Yes, but with only partial success
__ E. Yes, but without success

8. What other problems are you having (✓✓✓)?
__ A. None
__ B. Depression
__ C. Anxiety
__ D. Problems with thinking clearly
__ E. Problems with marriage
__ F. Problems with family
__ G. Problems with job
__ H. Problems with alcohol
__ I. Problems with drugs
__ J. Facing criminal charges
__ K. Being physically abused
__ L. Other _____

II. FAMILY BACKGROUND

9. Who primarily raised you?
__ A. Natural parents
__ B. Natural father
__ C. Natural mother
__ D. Natural father and stepmother
__ E. Natural mother and stepfather
__ F. Grandparents on father's side
__ G. Grandparents on mother's side
__ H. Aunt and uncle
__ I. Aunt
__ J. Uncle
__ K. Older brother
__ L. Older sister
__ M. Adoptive parents
__ N. Foster parents
__ O. Orphanage
__ P. Charitable institution
__ Q. Other _____
10. When growing up, how many children were in your family?
__ A. Does not apply
__ B. You were an only child
__ C. 2 including yourself
__ D. 3 including yourself
__ E. 4 including yourself
__ F. 5 including yourself
__ G. 6 including yourself
__ H. 7 including yourself
__ I. 8 including yourself
__ J. 9 including yourself
__ K. 10 including yourself
__ L. More than 10 including yourself
11. Of the other children in your family, how many were stepbrothers and stepsisters?
__ A. Does not apply
__ B. None
__ C. 1
__ D. 2
__ E. 3
__ F. 4
__ G. 5
__ H. 6
__ I. 7
__ J. 8
__ K. More than 8
12. Which child were you?
__ A. Does not apply, you were an only child
__ B. The youngest child
__ C. A middle child
__ D. The oldest child
__ E. Other _____
13. Where were you born?
__ A. In United States
__ B. In Canada
__ C. In Mexico
__ D. In Europe
__ E. In Asia
__ F. In South America
__ G. In Central America
__ H. In the West Indies
__ I. Other _____

14. As a child, where did you primarily live?
- | | |
|---|--|
| <input type="checkbox"/> A. On a farm | <input type="checkbox"/> F. In a suburb |
| <input type="checkbox"/> B. In a rural area | <input type="checkbox"/> G. In many different places |
| <input type="checkbox"/> C. In a small town | <input type="checkbox"/> H. Other _____ |
| <input type="checkbox"/> D. In a small city | |
| <input type="checkbox"/> E. In a large city | |

15. As a child, where did you live?
- | | |
|--|---|
| <input type="checkbox"/> A. In United States | <input type="checkbox"/> G. In Central America |
| <input type="checkbox"/> B. In Canada | <input type="checkbox"/> H. In West Indies |
| <input type="checkbox"/> C. In Mexico | <input type="checkbox"/> I. In many different countries |
| <input type="checkbox"/> D. In Europe | <input type="checkbox"/> J. Other _____ |
| <input type="checkbox"/> E. In Asia | |
| <input type="checkbox"/> F. In South America | |

16. How much education did your father complete?
- | | |
|--|--|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> F. High school graduate |
| <input type="checkbox"/> B. Do not know | <input type="checkbox"/> G. Some college |
| <input type="checkbox"/> C. Less than eighth grade | <input type="checkbox"/> H. College graduate |
| <input type="checkbox"/> D. Eighth grade | <input type="checkbox"/> I. Postgraduate work |
| <input type="checkbox"/> E. Some high school | <input type="checkbox"/> J. Postgraduate degree |

17. When you were growing up, what was the main type of work your father did?
- | | |
|--|---|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> I. Technical specialist |
| <input type="checkbox"/> B. Was primarily unemployed | <input type="checkbox"/> J. Business manager |
| <input type="checkbox"/> C. Worked in many different occupations | <input type="checkbox"/> K. Health professional |
| <input type="checkbox"/> D. Unskilled worker | <input type="checkbox"/> L. Social services professional |
| <input type="checkbox"/> E. Skilled worker | <input type="checkbox"/> M. Business executive |
| <input type="checkbox"/> F. Clerical worker | <input type="checkbox"/> N. Not employed outside the home |
| <input type="checkbox"/> G. Salesperson | <input type="checkbox"/> O. Military service |
| <input type="checkbox"/> H. Small business owner | <input type="checkbox"/> P. Other _____ |

18. How much education did your mother complete?
- | | |
|--|--|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> F. High school graduate |
| <input type="checkbox"/> B. Do not know | <input type="checkbox"/> G. Some college |
| <input type="checkbox"/> C. Less than eighth grade | <input type="checkbox"/> H. College graduate |
| <input type="checkbox"/> D. Eighth grade | <input type="checkbox"/> I. Postgraduate work |
| <input type="checkbox"/> E. Some high school | <input type="checkbox"/> J. Postgraduate degree |

19. When you were growing up, what was the main type of work your mother did?
- | | |
|--|---|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> I. Technical specialist |
| <input type="checkbox"/> B. Was primarily unemployed | <input type="checkbox"/> J. Business manager |
| <input type="checkbox"/> C. Worked in many different occupations | <input type="checkbox"/> K. Health professional |
| <input type="checkbox"/> D. Unskilled worker | <input type="checkbox"/> L. Social services professional |
| <input type="checkbox"/> E. Skilled worker | <input type="checkbox"/> M. Business executive |
| <input type="checkbox"/> F. Clerical worker | <input type="checkbox"/> N. Not employed outside the home |
| <input type="checkbox"/> G. Salesperson | <input type="checkbox"/> O. Military service |
| <input type="checkbox"/> H. Small business owner | <input type="checkbox"/> P. Other _____ |

20. When you were growing up, what was the main source of income for your family?
- | | |
|--|--|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> E. Welfare |
| <input type="checkbox"/> B. Father's job | <input type="checkbox"/> F. Alimony |
| <input type="checkbox"/> C. Mother's job | <input type="checkbox"/> G. Child support payments |
| <input type="checkbox"/> D. Both parents' jobs | <input type="checkbox"/> H. Other _____ |

21. When you were growing up, how would you characterize your family?
- | | |
|--|--|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> D. Middle class |
| <input type="checkbox"/> B. Poverty level | <input type="checkbox"/> E. Upper class |
| <input type="checkbox"/> C. Lower class | |

III. CHILDHOOD AND ADOLESCENCE

22. How old was your father at the time of your birth?
- | | |
|---|---|
| <input type="checkbox"/> A. Do not know | <input type="checkbox"/> D. 30-39 |
| <input type="checkbox"/> B. 15-19 | <input type="checkbox"/> E. 40-49 |
| <input type="checkbox"/> C. 20-29 | <input type="checkbox"/> F. 50 or older |

23. How old was your mother at the time of your birth?
- | | |
|---|---|
| <input type="checkbox"/> A. Do not know | <input type="checkbox"/> D. 30-39 |
| <input type="checkbox"/> B. 15-19 | <input type="checkbox"/> E. 40-49 |
| <input type="checkbox"/> C. 20-29 | <input type="checkbox"/> F. 50 or older |

24. To your knowledge, what were the conditions of your birth? (✓✓✓)
- | | |
|---|---|
| <input type="checkbox"/> A. Do not know | <input type="checkbox"/> F. Mother ill at time of birth |
| <input type="checkbox"/> B. Normal, no unusual problems | <input type="checkbox"/> G. Treated in intensive care after birth |
| <input type="checkbox"/> C. Premature birth | <input type="checkbox"/> H. Other _____ |
| <input type="checkbox"/> D. Long labor | |
| <input type="checkbox"/> E. Complications with delivery | |

25. To your knowledge, when did you learn to walk and talk?
- | | |
|--|--|
| <input type="checkbox"/> A. Do not know | <input type="checkbox"/> D. Later than most children |
| <input type="checkbox"/> B. At the normal age | |
| <input type="checkbox"/> C. Earlier than most children | |

26. Which of the following childhood illnesses or injuries did you have (✓✓✓)?
- | | |
|---|---|
| <input type="checkbox"/> A. None | <input type="checkbox"/> J. Rheumatic fever |
| <input type="checkbox"/> B. Do not remember | <input type="checkbox"/> K. Tuberculosis |
| <input type="checkbox"/> C. Measles | <input type="checkbox"/> L. Meningitis |
| <input type="checkbox"/> D. German measles | <input type="checkbox"/> M. Broken arm |
| <input type="checkbox"/> E. Mumps | <input type="checkbox"/> N. Broken leg |
| <input type="checkbox"/> F. Chicken pox | <input type="checkbox"/> O. Serious head injury |
| <input type="checkbox"/> G. Polio | <input type="checkbox"/> P. Other _____ |
| <input type="checkbox"/> H. Asthma | |
| <input type="checkbox"/> I. Diabetes | |

27. Which of the following operations did you have as a child (✓✓✓)?
- | | |
|---|---|
| <input type="checkbox"/> A. None | <input type="checkbox"/> D. Other _____ |
| <input type="checkbox"/> B. Appendectomy | |
| <input type="checkbox"/> C. Tonsillectomy | |

28. Did you start school in kindergarten or the first grade?
- | | |
|--|---|
| <input type="checkbox"/> A. Kindergarten | <input type="checkbox"/> C. Other _____ |
| <input type="checkbox"/> B. First grade | |

44. Did you have any problems when you first started the 9th grade (✓✓✓)?
- A. Does not apply E. Were afraid you would not do well academically
- B. No problems that you remember
- C. Were anxious about starting high school F. Were afraid you would not fit in
- D. Were sick a lot and missed a lot of school G. Other _____

45. Which of the following describe your experiences in high school (✓✓✓)?
- A. Does not apply D. Received average grades
- B. Received excellent grades E. Received poor grades
- C. Received good grades

46. Which of the following describe your experiences in high school (✓✓✓)?
- A. Does not apply D. Had to repeat a grade
- B. None E. Had to repeat more than one grade
- C. Had special classes for learning disability F. Had special tutoring

47. Which of the following describes your experiences in high school?
- A. Does not apply D. Disliked school
- B. Enjoyed school
- C. Felt neutral about school

48. Which of the following describes your experiences in high school?
- A. Does not apply D. Usually got along poorly with your teachers
- B. Got along well with all your teachers
- C. Got along well with all but a few of your teachers

49. Which of the following describe your experiences in high school (✓✓✓)?
- A. Does not apply E. Were expelled from school
- B. None
- C. Had to be disciplined in school frequently F. Other _____
- D. Were suspended

50. Which activities did you engage in while in high school (✓✓✓)?
- A. Does not apply I. Academic clubs (math club, science club, etc.)
- B. None
- C. Team sports (junior or senior varsity) J. Hobby clubs (chess club, stamp club, etc.)
- D. Intramural sports K. Yearbook
- E. Choir L. Student newspaper
- F. Glee club M. Band
- G. Cheerleading N. Other _____
- H. Student government

51. Did you graduate from high school?
- A. Yes F. No, dropped out because of health problems
- B. No, dropped out because of poor grades G. No, dropped out because you got pregnant
- C. No, dropped out because of discipline problems H. No, dropped out because girlfriend got pregnant
- D. No, dropped out to work to support family I. No, because _____
- E. No, dropped out because of drug problems

52. Which of the following describes your experiences from ages 14-18?
- A. Had many close friends C. Had few close friends
- B. Had several close friends D. Had no close friends

53. Which of the following describes your experiences from ages 14-18?
- A. Did not date D. Usually had a steady girlfriend/boyfriend
- B. Dated infrequently
- C. Dated regularly

54. Which of the following describes your experiences from ages 14-18?
- A. Rarely got into trouble D. Were considered a delinquent child
- B. Frequently got into trouble
- C. Were always getting into trouble

55. Which of the following describe your experiences from ages 14-18 (✓✓✓)?
- A. None G. Had a lot of medical problems
- B. Parents did not get along H. Were physically abused
- C. Parents got divorced
- D. Family moved a lot I. Were sexually abused
- E. Family had financial problems J. Other _____
- F. Did not get along with brothers and/or sisters

56. How would you describe yourself from ages 14-18 (✓✓✓)?
- A. Active K. Shy
- B. Passive L. Lonely
- C. Happy M. Quiet
- D. Content N. Noisy
- E. Unhappy O. Coordinated
- F. Calm P. Clumsy
- G. Nervous Q. Intelligent
- H. Fearful R. Dull
- I. Moody S. Other _____
- J. Outgoing

57. How would you describe your family relationships when you were age 14-18 (✓✓✓)?

- A. Does not apply E. Supportive
 B. Marked by frequent arguments F. Warm, close
 C. Marked by physical fights G. Cold, distant
 D. Unsupportive H. Other _____

58. What were your plans when you left high school (✓✓✓)?

- A. Did not really have any plans D. Planned to get married
 B. Planned to go to work E. Planned to enter the armed services
 C. Planned to continue education F. Other _____

IV. EDUCATIONAL AND OCCUPATIONAL HISTORY

59. Have you completed any formal post-high school education (✓✓✓)?

- A. No G. Have a degree from a technical school
 B. Attended but did not complete junior college H. Attended but did not complete a business school
 C. Have a degree from a junior college I. Have a degree from a business school
 D. Attended college or university but did not complete degree J. Attended but did not complete a secretarial school
 E. Have a degree from a college or university K. Have a degree from a secretarial school
 F. Attended but did not complete technical school L. Other _____

60. Have you completed any postgraduate work?

- A. No D. Obtained Doctorate
 B. Began but did not complete a postgraduate degree E. Obtained medical degree
 C. Obtained Master's degree F. Obtained law degree
 G. Other _____

61. Have you served in the military?

- A. No H. Yes, enlisted in the Marines
 B. No, were a conscientious objector I. Yes, enlisted in the Coast Guard
 C. No, left country to avoid the draft J. Currently serving in the Army
 D. Yes, drafted into Army K. Currently serving in the Navy
 E. Yes, enlisted in the Army L. Currently serving in the Air Force
 F. Yes, enlisted in the Navy M. Currently serving in the Marines
 G. Yes, enlisted in the Air Force N. Currently serving in the Coast Guard

62. How long did you serve, or have you served, in the military?

- A. Does not apply G. 5-6 years
 B. Less than 1 year H. 7-10 years
 C. 1 year I. 11-15 years
 D. 13-23 months J. 16-19 years
 E. 2 years K. 20 years
 F. 3-4 years L. More than 20 years

63. Have you served in the military during a war or conflict (✓✓✓)?

- A. Does not apply C. World War II
 B. Served during peace time only D. Korean War
 E. Viet Nam Conflict

64. Has your service in the military included being stationed outside of the United States?

- A. Does not apply C. No
 B. Yes

65. Were you, or have you been, injured during your time in the service (✓✓✓)?

- A. Does not apply D. Yes, but not as a result of combat
 B. No
 C. Yes, wounded in combat

66. Were you, or have you been, evaluated or treated for emotional or psychological problems while in the service (✓✓✓)?

- A. Does not apply E. Treated on inpatient basis
 B. No
 C. Evaluated
 D. Treated on outpatient basis

67. Which of the following did you experience, or have you experienced, during your time in the service (✓✓✓)?

- A. Does not apply J. Fights with fellow servicemen
 B. None
 C. Disciplinary problems K. Fights with superior officers
 D. Court-martial L. Reduction in rank
 E. Sentenced to stockade M. Other _____
 F. Drug use
 G. Alcohol abuse
 H. AWOL
 I. Your refusal to follow orders

68. What type of discharge from the military did you receive?

- A. Does not apply E. Dishonorable discharge
 B. Still in service
 C. Honorable discharge F. Left AWOL, were never discharged
 D. Medical discharge

69. What was your rank on discharge from the military (current rank if still in service)?

- A. Does not apply D. Enlisted personnel
 B. Officer E. Other _____
 C. Noncommissioned officer

70. Do you have a service-connected disability rating?
 ___ A. Does not apply ___ E. 50-100% for medical disorder
 ___ B. No ___ F. 50-100% for psychological disorder
 ___ C. 0-49% for medical disorder ___ D. 0-49% for psychological disorder
71. At what age did you begin working full-time?
 ___ A. Have never worked full-time ___ E. 19
 ___ B. Before age 17 ___ F. 20
 ___ C. 17 ___ G. 21
 ___ D. 18 ___ H. 22 or older
72. What is your employment status?
 ___ A. Employed ___ E. Disabled
 ___ B. Retired ___ F. Student
 ___ C. Homemaker ___ G. Unemployed
 ___ D. Employed part-time ___ H. Other _____
73. What is or has been your primary occupation?
 ___ A. Unemployed ___ I. Health professional
 ___ B. Unskilled worker ___ J. Social services professional
 ___ C. Skilled worker ___ K. Business executive
 ___ D. Clerical worker ___ L. Not employed outside the home
 ___ E. Salesperson ___ M. Military service
 ___ F. Small business owner ___ N. Other _____
 ___ G. Technical specialist
74. How long have you been working in your current job?
 ___ A. Not employed ___ D. 2-3 years
 ___ B. less than 1 year ___ E. 4-5 years
 ___ C. 1 year ___ F. over 5 years
75. What other types of work have you done (✓✓✓)?
 ___ A. None ___ H. Manager
 ___ B. Unskilled worker ___ I. Health professional
 ___ C. Skilled worker ___ J. Social services professional
 ___ D. Clerical worker ___ K. Business executive
 ___ E. Salesperson ___ L. Other _____
 ___ F. Small business owner
 ___ G. Technical specialist
76. Since finishing your education, what is the longest period of time you have been unemployed when you were looking for a job?
 ___ A. Does not apply ___ D. 7 months to 1 year
 ___ B. Less than 3 months ___ E. More than 1 year
 ___ C. 4-6 months
77. Since finishing your education, how many different full-time jobs have you had?
 ___ A. Does not apply ___ E. 4
 ___ B. 1 ___ F. 5
 ___ C. 2 ___ G. 6
 ___ D. 3 ___ H. More than 6

78. Since finishing your education, how many different part-time jobs have you had?
 ___ A. Does not apply ___ E. 4
 ___ B. 1 ___ F. 5
 ___ C. 2 ___ G. 6
 ___ D. 3 ___ H. More than 6
79. How many times have you been fired or laid off from a job?
 ___ A. Does not apply ___ F. 4
 ___ B. None ___ G. 5
 ___ C. 1 ___ H. 6
 ___ D. 2 ___ I. More than 6
 ___ E. 3

V. MEDICAL HISTORY AND HEALTH

80. Which of the following have you been treated for as an adult (✓✓✓)?
 ___ A. None ___ H. Low back pain
 ___ B. Arthritis ___ I. Problems with lungs or breathing
 ___ C. Cancer ___ J. Problems with digestive system
 ___ D. Diabetes ___ K. Other _____
 ___ E. Epilepsy (seizures)
 ___ F. Heart problems
 ___ G. Hypertension
81. What are you currently being treated for (✓✓✓)?
 ___ A. Not being treated ___ H. Low back pain
 ___ B. Arthritis ___ I. Problems with lungs or breathing
 ___ C. Cancer ___ J. Problems with digestive system
 ___ D. Diabetes ___ K. Other _____
 ___ E. Epilepsy (seizures)
 ___ F. Heart problems
 ___ G. Hypertension
82. Do you currently have any physical problems that are not being treated by a medical doctor, but should be (✓✓✓)?
 ___ A. No ___ F. Pain
 ___ B. Chest pain ___ G. Stomach problems
 ___ C. Difficulty with breathing ___ H. Vision problems
 ___ D. Dizziness ___ I. Other _____
 ___ E. Loss of consciousness
83. How many cigarettes a day do you smoke?
 ___ A. None, have never smoked ___ D. One pack per day
 ___ B. None, but used to smoke ___ E. More than one pack per day
 ___ C. Less than one pack per day
84. How long have you been smoking (or did you smoke) cigarettes?
 ___ A. Have never smoked ___ D. More than 10 years
 ___ B. Less than five years ___ E. More than 15 years
 ___ C. 5 to 10 years ___ F. More than 20 years

85. Do you drink alcohol?
 A. No C. Regularly
 B. Occasionally D. Daily
86. When you drink alcohol, how many drinks do you usually have?
 A. Does not apply D. Three
 B. One E. Four
 C. Two F. Five or more
87. Which of the following have you experienced (✓✓✓)?
 A. None G. Received a ticket for drinking and driving
 B. Lost a job because of drinking H. Lost driver's license because of drinking
 C. Missed work because of drinking I. Had arguments with friends or relatives because of your drinking
 D. Were in fights because of drinking
 E. Were arrested for being drunk and disorderly
 F. Had an automobile accident because of drinking
88. Do you use any illegal drugs?
 A. No D. Regularly
 B. No, but did in the past E. Daily
 C. Occasionally
89. Which drugs do you, or did you, abuse (✓✓✓)?
 A. Does not apply D. Prescription
 B. Narcotics E. Other _____
 C. Recreational _____
90. How long have you been using, or did you use, illegal drugs?
 A. Does not apply E. Three years
 B. Less than one year F. Four years
 C. One year G. Five years
 D. Two years H. Over five years
91. Has there been a recent change in your weight?
 A. No D. Yes, a weight loss due to dieting
 B. Yes, a weight gain C. Yes, a weight loss
92. Has there been a recent change in your appetite?
 A. No C. Yes, a loss of appetite
 B. Yes, an increase in appetite
93. What problems do you have with your sleep (✓✓✓)?
 A. None F. Restlessness
 B. Trouble getting to sleep G. Wake up too early in the morning
 C. Wake up a lot at night H. Sleep enough, but don't feel rested
 D. Don't get enough sleep I. Other _____
 E. Sleep too much _____

94. Which is true about your sex life?
 A. Prefer not to answer D. Have no interest in sex
 B. Have an active sex life E. Are interested, but are abstaining from sex
 C. Are interested in sex, but not active at this time
95. Has there been a recent change in your interest in sex?
 A. Prefer not to answer D. Yes, a decrease in interest
 B. No C. Yes, an increase in interest

VI. FAMILY HISTORY

96. Which of the following is true about your natural mother?
 A. Does not apply D. She is alive but in poor health
 B. Do not know if she is alive or deceased E. She is deceased
 C. She is alive and well
97. Which of the following medical problems has your mother had (✓✓✓)?
 A. Does not apply I. Hypertension
 B. Do not know J. Low back pain
 C. None K. Problems with lungs or breathing
 D. Arthritis L. Problems with digestive system
 E. Cancer M. Other _____
 F. Diabetes
 G. Epilepsy (seizures)
 H. Heart problems
98. Which of the following is true about your natural father?
 A. Does not apply D. He is alive but in poor health
 B. Do not know if he is alive or deceased E. He is deceased
 C. He is alive and well
99. Which of the following medical problems has your father had (✓✓✓)?
 A. Does not apply I. Hypertension
 B. Do not know J. Low back pain
 C. None K. Problems with lungs or breathing
 D. Arthritis L. Problems with digestive system
 E. Cancer M. Other _____
 F. Diabetes
 G. Epilepsy (seizures)
 H. Heart problems
100. Which of the following medical problems have any of your brothers, sisters, or children had (✓✓✓)?
 A. Does not apply I. Hypertension
 B. Do not know J. Low back pain
 C. None K. Problems with lungs or breathing
 D. Arthritis L. Problems with digestive system
 E. Cancer M. Other _____
 F. Diabetes
 G. Epilepsy (seizures)
 H. Heart problems

101. Which of the following have been treated for psychological problems (either as an inpatient or outpatient), other than alcohol or drug abuse (✓✓✓)?

- A. Does not apply
- B. Do not know
- C. None
- D. Mother
- E. Father
- F. Sister
- G. Brother
- H. Child

102. Which of the following have had problems with alcohol (✓✓✓)?

- A. Does not apply
- B. Do not know
- C. None
- D. Mother
- E. Father
- F. Sister
- G. Brother
- H. Child

103. Which of the following have had problems with drugs (✓✓✓)?

- A. Does not apply
- B. Do not know
- C. None
- D. Mother
- E. Father
- F. Sister
- G. Brother
- H. Child

VII. CURRENT SITUATION

104. What is your current marital status?

- A. Never married
- B. Never married, but living with a partner
- C. Married
- D. Divorced
- E. Divorced, but living with a partner
- F. Separated
- G. Separated, but living with a partner
- H. Widowed
- I. Widowed, but living with a partner

105. How many times have you been married?

- A. None
- B. One
- C. Two
- D. Three
- E. Four
- F. Five
- G. Six or more

106. How long have you been living with your current spouse or partner?

- A. Does not apply
- B. Less than 1 year
- C. 1 year
- D. 2 years
- E. 3 years
- F. 4 years
- G. 5 years
- H. 6-10 years
- I. 11-15 years
- J. 16-20 years
- K. More than 20 years

107. What is your current spouse's or partner's employment status?

- A. Does not apply
- B. Employed full-time
- C. Retired
- D. Homemaker
- E. Employed part-time
- F. Disabled
- G. Student
- H. Unemployed
- I. Other _____

108. What is or has been your current spouse's or partner's main occupation?

- A. Does not apply
- B. Unskilled worker
- C. Skilled worker
- D. Clerical worker
- E. Salesperson
- F. Small business owner
- G. Technical specialist
- H. Manager
- I. Health professional
- J. Social services professional
- K. Business executive
- L. Not employed outside the home
- M. Military service
- N. Other _____

109. Where do you live?

- A. None, homeless
- B. House
- C. Apartment
- D. Trailer
- E. Condominium
- F. With parents
- G. With friends
- H. With relatives
- I. Other _____

110. What is your household income from all sources?

- A. None
- B. Less than 3 thousand
- C. 3-6 thousand
- D. 7-9 thousand
- E. 10-12 thousand
- F. 13-15 thousand
- G. 16-20 thousand
- H. 21-25 thousand
- I. 26-30 thousand
- J. 31-40 thousand
- K. 41-50 thousand
- L. More than 50 thousand

111. What is the major source of your household's income?

- A. Does not apply
- B. Your job
- C. Your spouse's or partner's job
- D. Your children
- E. Your parents
- F. Illegal means
- G. Social Security
- H. Pension
- I. Disability payments
- J. Welfare payments
- K. Investments
- L. Other _____

112. How many children have you had (count only your natural offspring)?

- A. None
- B. 1
- C. 2
- D. 3
- E. 4
- F. 5
- G. 6
- H. More than 6

113. How many children currently live with you?

- A. Does not apply
- B. None
- C. 1
- D. 2
- E. 3
- F. 4
- G. 5
- H. 6
- I. More than 6

114. Of the children living with you, how many are stepchildren?

- A. Does not apply
- B. None
- C. 1
- D. 2
- E. 3
- F. 4
- G. 5
- H. 6
- I. More than 6

115. How would you describe your relationship with your spouse or partner?

- A. Does not apply
- B. Good
- C. Fair
- D. Poor
- E. Other _____

116. Which of the following do you and your spouse or partner have arguments about (✓✓✓)?
- | | |
|--|--|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> H. Relationships with friends |
| <input type="checkbox"/> B. None | <input type="checkbox"/> I. Issues related to work |
| <input type="checkbox"/> C. Money matters | <input type="checkbox"/> J. Manners |
| <input type="checkbox"/> D. Household chores | <input type="checkbox"/> K. Alcohol use |
| <input type="checkbox"/> E. Disciplining the children | <input type="checkbox"/> L. Drug use |
| <input type="checkbox"/> F. Sex | <input type="checkbox"/> M. Religious issues |
| <input type="checkbox"/> G. Relationships with relatives | <input type="checkbox"/> N. Other _____ |

117. How often do you and your spouse or partner have arguments?
- | | |
|--|--|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> E. About once a week |
| <input type="checkbox"/> B. Rarely | <input type="checkbox"/> F. About two or three times a month |
| <input type="checkbox"/> C. Every day | <input type="checkbox"/> G. Once a month or less |
| <input type="checkbox"/> D. Several times a week | |

118. How would you describe the quality of relationships in your own family (spouse or partner and children)?
- | | |
|--|---|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> D. Poor |
| <input type="checkbox"/> B. Good | <input type="checkbox"/> E. Other _____ |
| <input type="checkbox"/> C. Fair | |

119. Which of the following have you experienced in the past year (✓✓✓)?
- | | |
|--|---|
| <input type="checkbox"/> A. None | <input type="checkbox"/> J. Death of child |
| <input type="checkbox"/> B. Separation | <input type="checkbox"/> K. Parent being seriously ill or injured |
| <input type="checkbox"/> C. Divorce | <input type="checkbox"/> L. Death of a parent |
| <input type="checkbox"/> D. Marriage | <input type="checkbox"/> M. Loss of job |
| <input type="checkbox"/> E. Birth of child | <input type="checkbox"/> N. Spouse or partner losing job |
| <input type="checkbox"/> F. Serious illness or injury | <input type="checkbox"/> O. Change of jobs |
| <input type="checkbox"/> G. Spouse or partner being seriously ill or injured | <input type="checkbox"/> P. Spouse or partner changing jobs |
| <input type="checkbox"/> H. Death of spouse or partner | <input type="checkbox"/> Q. Financial problems |
| <input type="checkbox"/> I. Child being seriously ill or injured | <input type="checkbox"/> R. Legal problems |
| | <input type="checkbox"/> S. Other _____ |

Notes:

CENTER FOR RECOVERY, INC—Michigan Alcohol Screening Test

Please circle YES or NO in response to the following questions.

1. Do you feel you are a normal drinker (“normal”—drinking as much or less than most other people)?
YES or NO
2. Have you ever awakened in the morning after some drinking the night before and found that you could not remember part of the evening?
YES or NO
3. Does any near relative or close friend ever worry or complain about your drinking?
YES or NO
4. Can you stop drinking without difficulty after one or two drinks?
YES or NO
5. Do you ever feel guilty about your drinking?
YES or NO
6. Have you ever attending a meeting of Alcoholics Anonymous (AA)?
YES or NO
7. Have you ever gotten into physical fights when drinking?
YES or NO
8. Has drinking ever created problems between you and a near relative or close friend?
YES or NO
9. Has any family member or closer friend gone to anyone for help about your drinking?
YES or NO
10. Have you ever lost friends because of your drinking?
YES or NO
11. Have you ever gotten into trouble at work because of drinking?
YES or NO
12. Have you ever lost a job because of drinking?
YES or NO
13. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
YES or NO
14. Do you drink before noon fairly often?
YES or NO
15. Have you ever been told you have liver trouble such as cirrhosis?
YES or NO
16. After heavy drinking have you ever had delirium tremens (DT’s), severe shaking, visual or auditory (hearing) hallucinations?
YES or NO
17. Have you ever gone to anyone for help about your drinking?
YES or NO
18. Have you ever been hospitalized because of drinking?
YES or NO
19. Has your drinking ever resulted in your being hospitalized in a psychiatric ward?
YES or NO

20. Have you ever gone to any doctor, social worker, clergyman or mental health clinic for help with any emotional problem in which drinking was part of the problem?

YES or NO

21. Have you been arrested more than once for driving under the influence of alcohol?

YES or NO

22. Have you ever been arrested, even for a few hours because of other behavior while drinking?

YES or NO

(If YES, how many times? _____)

Scoring

Please score one point if you answered the following:

1. No

2. Yes

3. Yes

4. No

5. Yes

6. Yes

7—22: Yes

Add up the scores and compare to the following score card:

- 0—2 = No apparent problem
- 3—5 = Early or middle problem drinker
- 6 or more = Problem drinker

Client Signature

Date

Clinician Signature

Date

CENTER FOR RECOVERY, INC.—DRUG ABUSE SCREENING TEST

For each item, please check the response that best describes how you have felt *during the past 12 months*.

- 1) Have you used drugs other than those required for medical reasons? YES NO
- 2) Have you abused prescription drugs? YES NO
- 3) Do you abuse more than one drug at a time? YES NO
- 4) Can you get through the week without using drugs? YES NO
- 5) Are you always able to stop using drugs when you want to? YES NO
- 6) Have you had “blackouts” or “flashbacks” as a result of drug use? YES NO
- 7) Do you ever feel bad or guilty about your drug use? YES NO
- 8) Does your spouse, significant other or parent(s) ever complain about your involvement with drugs?
 YES NO
- 9) Has drug abuse created problems between you and your spouse/significant other/parent(s)?
 YES NO
- 10) Have you lost friends because of your use of drugs? YES NO
- 11) Have you neglected your family because of your use of drugs? YES NO
- 12) Have you been in trouble at work because of your use of drugs? YES NO
- 13) Have you lost a job because of drug abuse? YES NO
- 14) Have you gotten into fights when under the influence of drugs? YES NO
- 15) Have you engaged in illegal activities in order to obtain drugs? YES NO
- 16) Have you been arrested for possession of illegal drugs? YES NO
- 17) Have you ever experienced withdrawal symptoms (feeling sick, etc.) when you stopped taking drugs?
 YES NO
- 18) Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? YES NO
- 19) Have you gone to anyone for help for a drug problem? YES NO
- 20) Have you been involved in a treatment program especially related to drug use? YES NO

Scoring

Score one point for each of the following responses:

- 1—3 : Yes
- 4 & 5: No
- 6: Yes
- 7: No
- 8—20: Yes

A score greater than 5 indicates substance abuse and/or dependency problems.

Client Signature

Date

Clinician Signature

Date

CENTER FOR RECOVERY, INC
Group Rules/Expectations

1. Please maintain each participant's confidentiality. All information shared in group is confidential. What is said in group remains in group.
2. Make every effort to arrive on time for group and attend every meeting! In the event that you miss a group, we require 24 hours notice to consider an absence excused. More than 2 absences, whether excused or unexcused may be grounds for termination from group (under special circumstances, exceptions may be made at the facilitator's discretion—please discuss any anticipated absences with your group facilitator as far in advance as possible).
3. Absences without 24 hours notice are considered unexcused and are subject to a late cancel/no show fee of \$75, to be paid at the next session attended.
4. Deductibles.co-pays.fees are to be paid at or before the time of service. If you would like to pay by PayPal, please do so on our website and bring the receipt to the group leader. If you forget or miss a session payment, please bring your account current at the next session.
5. While the group is primarily process-oriented, homework assignments may be given on occasion.
6. We do not require 12 step group participation as a part of our program. However, we strongly recommend that you try out a variety of support groups or other recovery-oriented activities in order to support your recovery.
7. While in group, please maintain common courtesy. Allow fellow group members to speak without interrupting and refrain from giving advice unless someone asks for it.
8. Smoking is prohibited by law within 25 feet of the front entrance of the building. Per building management, if you smoke, you are only permitted to do so in your car, or on the first floor level behind the building.
9. Group members often become close during the course of treatment. While we encourage members to exchange numbers and provide support to each other outside of group if they like, we also caution members to act responsibly. Inappropriate relationships, gossiping, or discussing group members or issues outside of the group can threaten the safety of the group process or negatively impact group dynamics. Group facilitators will address any such issues on an individual basis should they arise in order to maintain a safe therapeutic environment.
10. If at any time you have concerns or questions about your treatment, your progress in the program, or about group policies, your group facilitator will be happy to address them.

My signature below indicates that I have read and understand the above stated group rules, and that I agree to adhere to them during my treatment with Center For Recovery.

Client's signature and Date

Group Facilitator

CENTER FOR RECOVERY, INC.
Patient Rights and Responsibilities

In the course of care, a patient has both rights and responsibilities. I understand that I have the right to:

- Be treated with respect and recognition of my dignity and right to privacy
- Receive care that is considerate and respects my personal values and belief system
- Personal privacy and confidentiality of my information
- Receive information about my managed care company's services, practitioners, clinical guidelines, quality improvement program, and patient rights and responsibilities
- Reasonable access to care, regardless of my race, religion, gender, sexual orientation, ethnicity, age, or disability
- Participate in an informed way in the decision making process regarding my treatment planning
- Discuss with my treating professionals appropriate or medically necessary treatment options for my condition regardless of cost or benefit coverage
- Have family members participate in treatment planning and if I am over the age of 12 to participate in such planning
- Individualized treatment, including:
 - Adequate and humane services regardless of the source(s) of financial support
 - Provision of services within the least restrictive environment possible
 - An individualized treatment or program plan
 - Periodic review of the treatment or program plan
 - An adequate number of competent, qualified, and experienced professional clinical staff to supervise and carry out the treatment or program plan
- Participate in the consideration of ethical issues that arise in the provision of care and services, including:
 - Resolving conflict
 - Withholding resuscitative services
 - Forgoing or withdrawing life-sustaining treatment
 - Participating in investigational studies or clinical trials
- Designate a surrogate decision maker if I am incapable of understanding a proposed treatment or procedure or am unable to communicate my wishes regarding care
- Be informed, along with my family, of my rights in a language I/we understand
- Voice complaints or appeals about my managed care company, provider of care, or privacy practices
- Make recommendations regarding my managed care company's rights and responsibilities policies
- Be informed of rules and regulations concerning my own conduct
- Be informed of the reason for any utilization management adverse determination including the specific utilization review criteria or benefits provision used in the determination
- Have utilization management decisions based on appropriateness of care
- Request access to my Protected Health Information (PHI) or other records that are in the possession of my managed care company
- Request to inspect and obtain a copy of my PHI, to amend my PHI, or to restrict the use of my PHI, and to receive an accounting of disclosures of my PHI

I understand that I am responsible for:

- Providing (to the extent possible) my treating clinician and managed care company with information needed in order to receive appropriate care
- Following plans and instructions for care that I have agreed on with my treating clinician(s)
- Understanding my health problems and participating, to the degree possible, in developing, with my treating clinician(s), mutually agreed upon treatment goals

Patient or Guardian Signature

Date

Clinician Signature

Notice of Privacy Practices
HIPPA 1996
(Effective April 14th, 2003)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our practice is required by law to protect the privacy of the information we have about your personal health information. We collect information about you when we provide treatment and services to you. We must give you this Notice of how the law allows us to use and share our health information and what your rights are.

How we may use and share information about you:

Our practice uses and shares information about you in operating our practice. This information includes such information as your name, address, personal facts, medical history, and the medical care given to you.

We use this information and share it with others for the following reasons:

- 1) For treatment—we will share information with doctors, hospitals, laboratories, and others in order to get you the care you need.
- 2) For payment—we share information with your health plans in order to bill for your care.
- 3) For health care operations—we may use information in your health records to judge the quality of the health care given to you. We may also use this information in audits or fraud investigation, or for planning and general administration.

This law also allows us to use or give information we have about you for the following purposes:

- 1) To contact you about your appointments
- 2) To inform you about treatment options
- 3) To inform you of health related services
- 4) To release information to your family and friends who are involved in your care and about whom you have signed a release of information
- 5) For public health activities such as reporting disease outbreaks
- 6) For judicial and administrative proceedings such as lawsuits
- 7) For limited law enforcement purposes such as locating a missing person
- 8) For research studies that meet all privacy law requirements
- 9) To avoid a serious and immediate threat to health and safety
- 10) For national security purposes
- 11) To coroners, medical examiners, and funeral directors
- 12) For organ donations
- 13) For purposes required by law
- 14) To agencies that oversee the health care system, for audits and investigations
- 15) In appeals of decisions about health care claims paid or denied
- 16) To the federal government agencies that provide public benefits
- 17) To other government agencies that provide public benefits
- 18) To military authorities
- 19) To create collection information which can no longer be traced back to you

We may give out information about you to organizations which can help us in our operations, such as billing and collection of claims. If we do so, we will make sure that they protect the privacy information we share with them.

Some state laws limit the sharing of information as described above. For example, there are special laws which protect information about HIV status, mental health treatment, developmental disabilities and drug/alcohol abuse treatment. We will obey these laws.

When written permission is needed:

Before our practice will use your personal health information for any reason not listed above, we will get written permission from you. If you do not give us written permission to use or share your information for other reasons, you can rescind your permission in writing at any time.

What are your privacy rights under the law?

- 1) You have the right to ask us not to share your personal health care information in the ways described above. We may not be able to agree to your request.
- 2) You have the right to ask us to contact you only in writing or at a different address or telephone number. We will accept reasonable requests when necessary to protect your safety.
- 3) You and your personal representative have the right to see and copy personal, medical, and billing information, but not psychotherapy notes we have about you. You will be charged a fee for the costs of copying and mailing records. We may keep you from see all or part of our records for reasons allowed by law. If we do, we will give you information about how to appeal our decision.
- 4) If you believe that certain information in our records about you is wrong, you have the right to ask us to amend our records. We may deny your request if the information is not created or kept by us or is already complete.
- 5) You have the right to request a list of times when we have shared your information after April 14th, 2003. The list will tell you with whom we shared information, when, for what reasons, as well as what information was shared. That list will not include information given to you, information already given with your permission or shared for treatment, payment or healthcare operations.
- 6) You have a right to a copy of this Notice of Privacy Practices.

If you want to contact us to use your right to file a complaint:

If you want to use any of the privacy rights explained in this Notice, or if you believe that we have not protected your privacy and wish to complain, you may file a written complaint with our office.

Please write to: Center For Recovery, Inc.
2121 S. Oneida St., #412
Denver, CO 80224

You may also contact the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Changes of Notice of Privacy Practices:

We must obey the Notice in effect on April 14th, 2003. We have the right to change our privacy practices. If we do make changes, we will revise this Notice and post it in a visible location in our office at all times.

CENTER FOR RECOVERY, INC.
Receipt of Notice of Privacy Practices
Written Acknowledgment Form

I, _____, have received a copy of Center for Recovery's Notice of Privacy Practices.

Client Signature

Date

Parent/Guardian (if client is a minor)

Date

CENTER FOR RECOVERY, INC.

Policy on Drug Screening

The Center for Recovery may require drug and/or alcohol screening via urinalysis on clients coming to your program for intensive outpatient care. The screening is outsourced through WizQuiz, 303-873-7155. A breathalyzer is also available on-site and Center for Recovery reserves the right to request that client submit to such should his/her behavior or appearance suggest possible intoxication. Should a client refuse the breathalyzer under these circumstances, he/she will not be allowed to remain in group.

The following is a list of conditions under which we would require a client to obtain the screening:

- 1) When ordered by the court, probation/parole officer, or other entity with appropriate authority and jurisdiction.
- 2) When requested by another outside agency or individual, given the client's consent.
- 3) When the client's group therapist has reason to doubt the client's self-report on substance abuse.

→ _____ Client Initials

Policy on Use of Substances

Substances such as marijuana, alcohol, or any other substance prohibited by Center for Recovery (including tobacco use for adolescent clients) are not allowed during the period of time the client is in treatment at our program. If a client is seen using any of these substances before group, during break, or after group, while on the premises or near the premises, this will be reported to the appropriate authorities, and client will be dismissed from group.

→ _____ Client Initials

Acknowledgement of the Risks of Substance Abuse

Substance abuse may result in a wide spectrum of extremely serious health and/or behavioral problems.

FOR PREGNANT WOMEN: If you smoke, drink alcohol regularly, or use illegal drugs, you are putting your life and the life of your unborn child at great risk. Thousands of babies are born each year with low birth weight, addictions, fetal alcohol syndrome, HIV, or other diseases as a result of their mother's substance abuse during pregnancy. Even the use of some prescription drugs such as sedatives and tranquilizers can cause a baby to be born with drug withdrawal symptoms.

FOR ACTIVE USERS OF INJECTION DRUGS (primarily heroin, cocaine, and amphetamines): Sharing syringes, drug solution, and/or drug preparation equipment is the primary route for drug users to acquire and transmit HIV, and Hepatitis B and C. High risk sexual behaviors often accompany high-risk drug use, further increasing the chances of transmission. About one-third of AIDS cases each year are related to injection drug use.

→ _____ Client Initials

My signature below verifies that I understand and agree to comply with the above stated policies, and that I acknowledge the above mentioned risks of substance abuse

Client's Signature: _____

Printed Name: _____

Date: _____

CENTER FOR RECOVERY, INC.

RISK ASSESSMENT POLICY

All clients will be assessed for high risk behaviors. Please answer the following items YES or NO, both for how you feel currently and how you have felt in the past.

	PAST	NOW
Have you had thoughts of hurting yourself?	_____	_____
Have you had thoughts of committing suicide?	_____	_____
Have you had a plan to commit suicide?	_____	_____
Have you made threats to kill yourself?	_____	_____
Have you made a suicide attempt?	_____	_____
Have you mutilated yourself (cutting, burning, etc.)?	_____	_____
Have you had thoughts of harming someone?	_____	_____
Have you had plans to harm someone?	_____	_____
Have you attempted to harm someone?	_____	_____
Have you made threats to harm someone?	_____	_____

Is there any other information that would help for your therapist to know?:

Safety Contract

I, _____, agree not to harm myself during my treatment with _____
(Client's Name) (Group Leader's Name)
and the Center for Recovery. Should I feel like harming myself, I agree to talk to my group leader in person or on the phone before doing so. If I cannot contact my group leader, another staff at Center for Recovery, or a trusted member of my support system, I will immediately call 911 or go to the nearest emergency room.

Client Signature

Printed Name

Parent/Guardian (if client is a minor)

Group Leader's Name and Contact Number(s)

Date Signed

CENTER FOR RECOVERY, INC.

TB SCREENING TOOL

By law, all clients being admitted to the program must be screened to assess risk for tuberculosis and other infectious diseases. If you're responses indicate that you are at risk, you will be referred for testing.

Name: _____

Date: _____

Intake Clinician: _____

Please answer YES or NO to the following questions.

- | | | | |
|---|-----|----|---|
| 1) Have you ever had a positive TB skin test? | YES | NO | 3 |
| Last CXR: Results _____ Date: _____ | | | |
| 2) Have you ever been diagnosed with TB? | YES | NO | 3 |
| If yes, was it in the past 2 years? | YES | NO | 2 |
| If yes, did you have & complete TB treatment? | YES | NO | 3 |
| 3) Have you ever received INH or other TB drugs? | YES | NO | 3 |
| 4) Have you had contact with someone with TB? | YES | NO | 2 |
| 5) Have you had a cough for more than 3 weeks? | YES | NO | 1 |
| 6) Have you coughed up blood-colored mucous
for more than 3 weeks? | YES | NO | 2 |
| 7) Do you have swollen, non-tender lymph nodes? | YES | NO | 2 |
| 8) Have you recently lost more than 10 lbs. in a
short period of time without trying? | YES | NO | 1 |
| 9) Have you had recurrent fevers and/or night
sweats for more than 3 weeks? | YES | NO | 1 |
| 10) Have you shared I.V. needles? | YES | NO | 2 |
| 11) Have you tested positive for HIV? | YES | NO | 2 |
| 12) Have you ever been homeless/lived in
shelters? | YES | NO | 2 |
| 13) Do you have diabetes? | YES | NO | 1 |
| 14) Were you born in or have you lived outside the
U.S. in any of these world areas:
Asia, Africa, Latin America, or the Caribbean? | YES | NO | 2 |

If you answered "YES" to any of the above questions, circle the point value for that question. Add all circled point values for total to determine your risk category.

Total: _____

- If total points are: 13—33 = High Risk
7—12 = Moderate Risk
0—6 = Low Risk

Clinician: If risk is elevated, take standard infection control precautions and refer client to MD or other agency for appropriate testing as soon as possible.

- 19) Yes no don't know In the past 12 months have you or anyone you have had sex with had: syphilis, gonorrhea, herpes, Chlamydia, nongonococcal urethritis, other sexually transmitted infections/diseases, or hepatitis)?

To help find out if you are at increased risk for HIV, the virus known to cause AIDS, or Hepatitis C Virus (HCV), please answer the following questions:

- 20) Yes no don't know Did you ever receive a blood transfusion before 1992?
- 21) Yes no don't know Have you received blood products produced before 1987 for clotting problems?
- 22) Yes no don't know Was your birth mother infected with Hepatitis C virus during the time of your birth?
- 23) Yes no don't know Have you been, or are you currently, on long-term kidney dialysis?
- 24) Yes no don't know Have you had unprotected sex with someone who has the blood disease hemophilia?
- 25) Yes no don't know Have you had unprotected sex with a person who injected drugs?
- 26) Yes no don't know Have you had unprotected sex with a man who has sex with other men?
- 27) Yes no don't know Have you had sex in exchange for money or drugs or in order to survive?
- 28) Yes no don't know Have you had sex with more than one person in the past 6 months? Any type of vaginal, rectal, or oral contact without protection (condom or other barrier) with or without your consent?
- 29) Yes no don't know Have you had sex or shared needles to inject drugs with a person who has AIDS or who tested positive on the antibody test for AIDS/HIV disease or for Hepatitis C?
- 30) Yes no don't know Have you ever injected drugs, even once?
- 31) Yes no don't know Have you ever been pricked by a needle or syringe that may have been infected with HIV or Hepatitis C?
- 32) Yes no don't know Have you ever had a drinking problem that required medical care and/or counseling?
- 33) Yes no don't know Have you ever been told or thought that you had a drinking problem?

- If you answered "no" to all the questions, you are not at increased risk for HIV/AIDS or Hepatitis C.
- If you answered "yes" or "don't know" to any question, you may be at risk for HIV/AIDS or Hepatitis C.

The following questions are asked to help with treatment planning/referral. It is not required that you answer them to participate in assessment and/or treatment.

- 1) Have you ever had a blood test for the HIV antibody? Yes no
 If "no," would you like a blood test? Yes no
 If "yes," have you been tested in the last 6 months? Yes no
- 2) Have you ever had a blood test for Hepatitis C virus? Yes no
 If "no," would you like a blood test? Yes no
 If "yes," have you been tested in the last 6 months? Yes no
- 3) How would you judge your own risk level for being infected with HIV/AIDS or Hepatitis C?
 I know I am infected _____
 I think I am high risk _____
 I think I am at low risk _____
 I think I am at NO risk _____

Client Signature

Date

Clinician: Document if client is referred to the health department or other appropriate agency.

INTERSTATE COMPACT CLIENT QUESTIONNAIRE

The following questions must be answered by all clients seeking admission to this program for alcohol and drug education or treatment and are required by Colorado law. Failure to provide complete or accurate information, including refusal to sign a release of information to the referring criminal justice agency and the Colorado Interstate Compact Office, will prevent this program from admitting you for treatment.

1) Are you applying for treatment because of a current requirement to attend a **treatment program in Colorado** by any court, department of corrections, state board of parole, probation department, parole division, adult diversion program, or any other similar entity or program in another state? Yes _____ No _____

*(Note: a YES answer here indicates the out-of-state court ordered you into treatment in Colorado. If you are satisfying a requirement to obtain treatment but **were not required by the sentencing court to obtain this treatment in a Colorado treatment facility**, your answer here should be NO).*

If you answered YES above, please answer the following question:

2) Are you, or will you be, under the supervision of a probation officer or parole officer in Colorado? Yes _____ No _____

(Note: if you do not have an assigned Colorado probation or parole officer, the Interstate Compact Office will be notified).

3) For DUI offenders only: Are you seeking education or treatment for the sole purpose of restoring your driving privileges as the result of an alcohol or drug related driving offense in another state, but are not under a court order to receive this treatment in Colorado? Yes _____* No _____**

**You could satisfy this education and/or therapy requirement in any state.*

***You have been court-ordered to satisfy this education and/or therapy in a Colorado program.*

Your Name: _____ Date of Birth: _____

Social Security number: _____ Place of Birth: _____

Signature: _____ Today's Date: _____

If you answered "Yes" to 1) or 2) or "No" to 3) above, please provide the following:

1. Name, address and phone number of your probation officer, parole officer, judge or diversion officer: _____

2. A copy of your probation, parole, court or diversion order, including treatment requirements.

Your admission into this program will be delayed pending approval by the Colorado Interstate Compact Office (ICO).