West Slope Recovery, Inc. MENS' RESIDENTIAL

CLIENT SCREENING & INFORMATION

			/	/	VET:
FIRST	LAST		DATE OF	BIRTH	AGE
ADDRESS		CITY		, _	STATE ZIP CODE
		()	-	()_	
COUNTY	# OF YEA	ARS PRIMARY PHON	E#	WORK - C	ELL MESSAGE #
SOCIAL SECURITY NUMB	ER DRIVERS LICENSE #	DL STATE	MARITAL STATUS	PART	NERS NAME
	<u>E</u>	MERGENCY CO	NTACT		
NAME		PEI	ATIONSHIP	()	HONE NUMBER
NAME		KLL	Anonomir	()	-
ADDRESS	CI	TY	STATE ZIP CODE	CELL – WO	ORK - MESSAGE
AGENCY/REPRESI	ENTATIVE, AND/OR P	ERSON, COORD	INATING SERVI	CES OR R	EFERRAL SOURCE
AGENCY NAME	CONTACT PERSON		COUNTY	CONTACT	PHONE NUMBER
ADDRESS		CITY	STATE ZIP CODE	_ () CELL PHO	
7.231.200	<u> </u>	LEGAL INFORMA		0	<u>-</u>
Jail / Prison last 30 l	Days: On Pard	ole / Probation:	Why		
	5uyo		·····y·	<i>1</i>	
NAME of PAROLE/PROBAT	ION OFFICER A	DDRESS		_ ()	
	PHYS	SICIAL & MENTA	L HEALTH		
Physical Hospitaliza	ation in the past 30 da	ys: Why:			
Mental Health Hospi	italization past 30 day	vs : Why:			
SUBSTANCE	Date of Last Use	FREQUENC	Y AMOUN	T of USE	METHOD
00001711102	Date of East Goo	INZGOZNO	7	. 0. 002	
NUCE IN THE LAC	F 42 MONTHS.			40.	LIOVA/ BA A NIV
	Γ 12 MONTHS:			vis	HOW WANT.
WHERE AND WHEN	:				
**** STOP *	**** AND COMPLETE	EASAM PAGE	TWO OF CLIE	NT INFOR	MATION****
To the best of my kr	nowledge, the above i	s true and corre	ot.		
					, ,
Client Signature	Adm	_// lission Date St	aff Signature		/// Admission Date
•			-		
CLIENT	LOG #				

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Screening, Placement and Referral

Have you ever been convicted	d of a sexual crime?	Have you e	ever been convicted of arson?					
If YES to either question	n **** STOP****Inforn	<u>n individual o</u>	f Policy and provide Referrals					
Note referrals given:								
	ASAM QUI	<u>ESTIONS</u>						
	 Complete ASAM, if YES ANSWERS to questions, 1a, and 1b, or 2, or 3, requires that the caller/client immediately receive medical or psychiatric care. <u>NOTE ACTION TAKEN.</u> 							
	2. If YES to 4a and/or 1b alone, requires caller/client be seen for an assessment within 48 hours preferably earlier. NOTE ACTION TAKEN.							
3. If YES TO 5a alone requestions or preferably ear			per agency procedure within 48					
4. If YES in question 5b a be referred to a safe or			, 2, and/or 3, requires that the client ACTION TAKEN.					
Do you have any Physical limi			(Wheelchair/walker) Y/N					
	LIST CURRENT P	ERSCRIPTION	S					
DIAGNOSIS	NAME of MEDI	CATION	DOSAGE and FREQUENCY					
next available opening. The clien current and clear, (negative result days of clothing only, three pair opaste. Client is informed not to be these are not allowed. Client will be placed in safe keeping. The approvides blankets, bed linens, to water, soda and snacks.	It will be informed that the lts), at time of intake. Stat of shoes, hand soap, sha ring Lap top computer, i- be informed that cell Pho gency provides laundry d wels, food and drinks. Cli	ey will have to he ff will advise clie mpoo, razor & se book, i-pod or al ones are not allo etergent, and wa	appointment as requires by ASAM or ave a copy of TB test results that are ent on what to bring, such as, seven having cream, tooth brush & tooth ny other internet accessible devices w in the client's possessions and will ashing machine. The agency also small amount of personal bottled					
CLIENT LOG#_		taff Signature						