NEW DIRECTIONS ADMISSIONS

☐ Baker House – Women ☐ Baker House – Men ☐Recovery Village

All questions contained in this questionnaire are strictly confidential
and will become part of your client record.

Name*(First, M.I., Last):*	☐M☐F	**DOB:**
Marital status: ☐Single ☐Partnered ☐Married ☐Separated ☐Divorced ☐Widowed		
Mailing Address:	**Contact Phone:**	
Social Security Number:	**County of Residence:**	
IV User: ☐Yes☐No	**Pregnant:** ☐Yes ☐No Expected Due Date:	
Race: ☐African American ☐Asian ☐Hispanic ☐ Native	☐Other ☐White	

PERSONAL HISTORY

Drug of Choice:	☐Alcohol☐ Cannabis☐ Heroin/Opiates☐Benzos☐Meth☐Other – Name:	
Housing Status:	☐Homeless	☐Dependent
	☐Detox	☐Independent
	☐Jail Release Date:	☐Other

List any medical problems that other doctors have diagnosed and confirm whether they would hinder treatment,

Surgeries

Year	Reason	Hospital

Other hospitalizations

Year	Reason	Hospital

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers; a minimum of 2 weeks supply MUST accompany client to treatment,

Name the Drug	Strength	Frequency Taken

Tobacco	Do you use tobacco?			☐ Yes	☐ No
	☐Cigarettes – pks./day	☐Chew - #/day	☐Pipe - #/day	☐Cigars - #/day	
	☐ # of years	☐Or year quit			

ALL QUESTIONS IN THIS QUESTIONNAIRE WILL BE KEPT STRICTLY CONFIDENTIAL.			
Criminal History	☐Pending Charges List:		
	☐Pending Court dates can be "appear by phone"		
	☐Mandated to treatment		
	☐Parole/Probation Parole Officer, Name and phone:		
Insurance		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No