

**DOCTORS ASSISTED WELLNESS CENTER
NEW PATIENT PSYCHO-SOCIAL & NEEDS INTAKE**

NAME _____ DOB _____ DATE _____
SSN _____ PHONE WHERE MESSAGE CAN BE LEFT? _____
PRIMARY ADDRESS _____ CITY _____ STATE _____
EMERGENCY CONTACT _____ (IS THIS PERSON AWARE YOU ARE IN TREATMENT? Y__N__)

HEPATITIS: DO YOU KNOW IF YOU HAVE HEP B, OR HEP C ? DATE OF EXPOSURE KNOWN? _____

DATE OF TREATMENT IF YES? _____ DO YOU GO TO HEALTH DEPT? _____

FEMALE PATIENTS, ARE YOU PREGNANT? _____ RECIEVING PRENATAL CARE? ___ DUE DATE? _____

IS YOUR OBSTETRICIAN AWARE YOU ARE IN TREATMENT OR USING OPIOIDS? _____

HOUSEHOLD INCOME? _____ WHO LIVES IN YOUR HOME NOW? (LIST ALL BELOW)

NAME	RELATIONSHIP	AGE	SOURCE OF INCOME	MONTHLY INCOME
1)				
2)				
3)				

LEGAL ISSUES/ ADVOCACY

PENDING COURT CASE/ CHARGE _____ DATE _____ LAWYER _____

PROBATION ___ Y ___ N ___ PAROLE ___ Y ___ N ___ PROB OFFICER/ COUNTY _____

JUDGE _____ WILL PATIENT NEED LETTER OF TREATMENT? _____

NEED FOR LEGAL AID REFERRAL? _____ Y _____ N _____

EMPLOYMENT/ SCHOOL/ JOB TRAINING:

FULL TIME _____ PART TIME _____ ODD JOBS FOR PAY? _____

LOOKING FOR WORK _____ WHERE _____

OCCUPATION & PRESENT OR LAST EMPLOYER _____

GRADUATED HIGH SCHOOL _____ GED? _____ COLLEGE? _____

PRACTICAL SUPPORT & ASSISTANCE:

_____ TRANSPORTATION/CAR? _____ CHILD CARE _____ HAVE BANK ACCOUNT FOR FINANCES?

SOCIAL/ SUPPORT SYSTEM:

NAME

- 1)
- 2)
- 3)
- 4)

SPIRITUAL:

ARE YOU CONNECTED TO ANY RELIGIOUS OR SPIRITUAL SUPPORT ____Y____N
WHERE? _____

IF NOT, DO YOU HAVE INTEREST IN A SPIRITUAL CONNECTION? ____Y____N

FAMILY INFORMATION

PATIENT HAS PARTNER/ SPOUSE? _Y____N____LIVING TOGETHER? _Y____N____

CHILDREN IN THE HOME? ____Y____N____AGES _____

IF SEPERATED FROM CHILD, IS THERE A PLAN/ INTEREST IN REUNITING ___Y____N

IS CHILD PROTECTIVE SERVICES INVOLVED ____Y____N____

EXPLAIN ANY TERMS REQUIRED OF CHILDREN/VISITATION_____

LIST CHILDREN BELOW:

NAME	AGE/ MALE/ FEMALE	RELATIONSHIP	CURRENT WHEREABOUTS
1)			
2)			
3)			
4)			

SAFETY:

PATIENT EVER EXPERIENCED ANY PERSONAL VIOLENCE PHYSICAL/ SEXUAL/ EMOTIONAL/ VERBAL?
____Y____N____/CIRCUMSTANCES _____

IS THERE AN ORDER OF PROTECTION? Y____N____

WHEREABOUTS OF THE ABUSER? _____

ANY OTHER ISSUES WITH FAMILY MEMBERS THAT YOU DO NOT FEEL SAFE? _____

EXPLAIN? _____

RECREATIONAL/ SOCIAL/ COMMUNITY

DO YOU HAVE HOBBIES/ EXERCISE/ SPORTS/ INTERESTS? _____