

Oneida County H.O.P.E Intervention Court
Pre-Entry Form

Name: _____ Today's Date: _____

Address: _____

Phone number: _____

Who do you live with? _____

Do you have health insurance? Yes No

If yes, what do you have? _____

Do you have reliable transportation? Yes No

DRUG HISTORY

Primary drug of choice (how much/ how often/ date of last use):

Secondary drug of choice (how much/ how often/ date of last use):

Other substances used this year: _____

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Successful Completion Yes No

MENTAL HEALTH

Do you have a mental health diagnosis? Yes No

If yes, what is your current diagnosis? _____

Are you currently going to mental health therapy? Yes No

If yes, where? _____

Are you currently being prescribed any mental health medications? Yes No

List psychiatric medication:

MEDICAL

Do you have a primary care provider? Yes No

Are you on any medications? Yes No

If yes, what? _____

LEGAL

Current pending legal charges: _____

Court(s): _____

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Attorney: _____

Do you have any warrants? Yes No

Are you on probation? Yes No

Probation Officer's Name: _____