Name:	Today's Date:
Address:	
Phone number:	
Who do you live with?	
Do you have health insurance?] Yes □ No
Do you have reliable transportation?	∃ Yes □ No
DRUG HISTORY	
Primary drug of choice (how much/ how	v often/ date of last use):
Secondary drug of choice (how much/ h	now often/ date of last use):
Other substances used this year:	

OPIOID USE

Have you ever experienced a non-fatal overdose from opiates:				
\square In your lifetime \square In the past year \square In the past month \square Never				
Have you ever been administered naloxone or Narcan? ☐ Yes ☐ No				
Do you and/or your family/friends have access to naloxone or Narcan to reverse an overdose? ☐ Yes ☐ No				
Are you currently using heroin? ☐ Yes ☐ No				
Are you currently using prescription opioids non-medically? ☐ Yes ☐ No				
Do you have a history of intravenous opioid use? ☐ Yes ☐ No				
Are you currently experiencing opioid withdrawals? Restless/ Irritability Nausea/ Vomiting Muscle aches Rhinorrhea Sweating Diarrhea Excessive Yawning				
□ Fever □ Insomnia □ Excessive eye tearing				
Have you ever been prescribed Methadone, Suboxone or Vivitrol? ☐ Yes ☐ No SUBSTANCE USE DISORDER TREATMENT HISTORY (* sign consent releases)				
Where: When:				
☐ Outpatient ☐ Detox ☐ Inpatient ☐ Halfway House ☐ Residential				
Successful Completion ☐ Yes ☐ No				
Where: When: When: Outpatient □ Detox □ Inpatient □ Halfway House □ Residential				

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 multist psychiatric medication:		nedications? □ Yes □ No
MEDICAL		
Do you have a primary care provider? \square	Yes □ No	
Are you on any medications? ☐ Yes If yes, what?	□ No	
<u>LEGAL</u>		
Current pending legal charges:		
Court(s):		

Attorney:	
Do you have any warrants? ☐ Yes ☐ No	
Are you on probation? ☐ Yes ☐ No	
Probation Officer's Name:	