

Lynchburg Community Court
Intake Assessment form

Intake Date: --

I. Court Information

Docket # _____
 Court Part _____ Jail Alternative _____
 Defense Attorney: _____ ADA: _____
 Contact Info: _____ Contact Info: _____
 Probation Parole

II. Demographics

Client's Name:
 D.O.B.: --
 SS#: --
 Address:
 How long at this address? _____
 Living with Family/Friends/Boyfriend or Girlfriend/Alone _____
 Where did you live before your current address?
 Homeless- Now/Ever _____ If yes, shelter _____
 Telephone: () -

Gender: Male Female
 Race: African American Caucasian Latino
 Asian Native American Other, _____

Emergency Contact Name: Relationship:
 Address:
 Telephone: () -

Forms of Identification on person:
 Social Security Card Birth Certificate Driver's License
 Medicaid Card P.A. Card Green Card

US Citizen Yes No Green Card #

III. Alcohol/Substance Abuse History

- Do you currently use any drugs or drink?
- What drugs do you currently use?

Drug(s) of Choice*	Route**	Frequency	Amount	1 st Use	Last Use

* Drug of Choice: (1) Alcohol, (2) Crack, (3) Cocaine, (4) Heroin, (5) PCP, (6) Street Methadone, (7) Marijuana, (8) Ecstasy, (9) Hallucinogens, (10) Inhalants, (11) Other....please specify.

** Route of Administration: (1) Oral, (2) Nasal, (3) Smoking, (4) Non IV injection, (5) IV injection

2. Do you use more than one substance per day? Yes No
 If Yes, what substances (use above codes)
3. At what age did you start using drugs? age

DETOX

4. Are you interested in drug/alcohol treatment? _____ If not, why? _____
5. In the last three months:
- Have you felt that you should cut down on your drinking/drug use? _____
 - Has anyone annoyed you or gotten on your nerves by telling you to cut down on your drinking or drug use? _____
 - Have you felt guilty about how much you drink/use drugs? _____
 - Have you been waking up wanting to drink and/ or use drugs? _____

TREATMENT

6. Have you ever entered treatment for substance abuse? Yes No
- If Yes, how many times have you entered treatment for drugs. times

7. Are you currently in substance abuse treatment? Yes No
- If Yes, Name:
- Type:
- Counselor name:
- Telephone Number:

Have you been in any other programs? Yes No

What are the names, type, and dates of the other programs:

Program 2: Name:

Dates: Type:

Did you complete: Yes No, why didn't you complete?

Program 3: Name:

Dates: Type:

Counselor name:

Did you complete: Yes No, why didn't you complete?

Program 4: Name:

Dates: Type:

Counselor name:

Did you complete: Yes No, why didn't you complete?

IV. Medical/Mental Health History

8. Do you currently have any medical conditions or physical disability? Yes No

If Yes, which conditions do you have?

9. Are you currently taking any medication(s) for physical conditions? Yes No

If Yes, which medications for what conditions?

10. When was your last TB test? -----

Positive

Negative

11. Are you dating or married?

11. Are you currently pregnant, or is your girlfriend/wife currently pregnant? Yes

No

12. Do you have any children? Yes No

If Yes, how many? number

how many stay with you? number

who do they stay with?

13. Do you have a psychiatric or emotional problem? Yes No

14. Has anyone ever told you that you have a psychiatric/mental health diagnosis?

Yes No

If Yes, what was the diagnosis?

15. Have you ever been the victim of a crime? Yes No

16. Have you ever been the victim of a sexual assault?

17. Have you ever been the victim of a domestic assault?

18. Have you ever set any fires in the past? Yes No

19. Have you ever been convicted of a sex offense? Yes No

20. Have you ever committed a sex offense? Yes No

21. Have you ever thought about hurting yourself? Yes No

22. Have you ever thought about killing yourself? Yes No

23. Have you ever thought about killing someone else? Yes No

24. Have you ever physically hurt someone else? Yes No

25. Have you ever heard any sounds or voices that other people could not hear?

Yes No

26. Have you ever seen things that other people cannot see? Yes No

25. Have you ever been hospitalized for any mental health reason?

Yes No

If Yes, were these hospitalizations:

Inpatient hospitalizations Yes No

Psychiatric Emergency Room (ER) visits Yes No

Both Yes No

Which hospitals, if known?

26. Are you **currently** taking any medications for any mental health reason?

Yes No

If Yes, which medications for what conditions. _____

27. Have you taken any medications in the **past** for psychiatric/mental health problems?

Yes No

If Yes, what? _____

28. Are you currently in psychiatric/mental health treatment now? (check all that apply)

- None Outpatient clinic
- Day treatment Residential
- Jail Medication/counseling Other, _____

Where, if known? _____

29. Have you received psychiatric treatment in the past? Yes No

If Yes, what? (check all that apply)

- None Outpatient clinic
- Day treatment Residential
- Jail Medication/counseling Other, _____

V. Support

1. Are you close to any family members? If so, who?
2. Are you a member or participant in any faith based organizations? (Church) If so, where?
- 3.

V. Entitlements/Benefits

30. Do you receive?

- Public Assistance Food Stamps Medicaid
- SSI/SSD Unemployment Medicare
- Social Security Veterans Assistance Retirement/Pension
- Private Insurance None

Medicaid Status Active Inactive

Medicaid Number: _____

Have you ever served in the Military? Yes No

If Yes, what branch, years and Type of discharge?

VI. Employment/Educational History

31. Are you a student Yes No

If Yes, name of school: _____

Are you: Full-time or Part-time

32. Do you have a high school diploma? Yes No
 Do you have a GED? Yes No
 What grade completed?
34. Did you participate in any after school activities or sports?
35. Do you have any hobbies or activities that you enjoy?

33. Are you employed? Yes No
 If Yes, what is your position: _____
 Is it: Full-time or Part-time
 Address: _____
 Telephone: (____) _____-____

VI. Criminal Activities

34. Have you ever been convicted of a crime?
 If so, what type of crime was it?
35. Do you have any pending cases?
 If so, what are the charges and do you have any upcoming court dates?
36. Have you ever been incarcerated?
 If yes, what was the longest period?
 What was the last date of incarceration?
37. Have you ever been on probation?
 If yes, for how long?
 Was it ever revoked?

VI. Services needed

38. What services are needed? (check all that apply)
- Housing (temporary or permanent)
 - Detox
 - Rehab
 - Residential treatment (long or short term)
 - Counseling- Psychiatric
 - Health Care, what _____
 - Employment Services
 - Entitlement Assistance
 - Other, what _____

Recommendation