

Shepura Men's Center

Christ Centered New Life Recovery Program Application

INTAKE INFORMATION

Name:

Last

First

Middle

Address:

City:

State:

Zip:

Telephone: ()

Age:

Date of birth:

Race:

Referred by:

EMERGENCY CONTACT

Name:

Address:

City:

State:

Zip:

Telephone: ()

FAMILY AND SOCIAL HISTORY

Father:

Address:

Occupation:

Mother:

Address:

Occupation:

Are parents presently together? _____ If no, why? _____

Brothers or sisters:

Age

Address

Occupation

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Check if any signs of alcoholism/heavy drinking, or substance abuse, past or present by following:

Mother: _____ Father: _____ Sister(s): _____ Brother(s): _____

Aunt(s): _____ Uncle(s): _____ Grandparent(s): _____ Other: _____

Comments: _____

Relationship with parents:

Good _____ Fair _____ Poor _____ Very Poor _____

Comments: _____

Sexual Orientation: Heterosexual _____ Homosexual _____ Bisexual _____

Marital Status: Never Married _____ Married _____
Separated _____ Widowed _____
Number of marriages _____ Number of Children _____

Name of spouse: _____

General Assessment of current relationship: n/a _____ Very good _____ Indifferent _____ Bad _____

Comments: _____

Spiritual Background

Profess Being a Christian: Yes _____ No _____

Religious Affiliation: (present) _____

(past) _____

Current church membership, _____

Comments: _____

Education

Highest grade completed: _____ Last School Attended: _____

Reading skills: Adequate _____ Needs Assistance _____

G.E.D. (yes) _____ (no) _____ If yes, when received _____

Employment

Present/last employer: _____

Address: _____

Type of work you prefer: _____

Legal Court History

Are you currently involved in any active cases (civil, traffic, criminal)? Yes ____ No ____

What are the court, hearing or trial dates? _____

Are you presently on probation/parole? Yes ____ No ____ If "yes", explain:

Any traffic violations? Yes ____ No ____

Civil involvement? Yes ____ No ____

Criminal Involvement? Yes ____ No ____

If yes to above items complete the following:

Date	Charge	Outcome	Where
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Problems for which you are presently seeking assistance:

Military History

Are you a veteran? Yes _____ No _____ Type of Discharge: _____

Comments: _____

Chemical Usage History

	Age 1 st used	Age 1 st regular use	Current Usage This month	Usage in past 48 hours
None				
Alcohol				
Marijuana				
Cocaine				
Heroin				
Methadone				
Other opiates				
Tranquilizers				
Other sedatives				
Amphetamines				
Pcp				
Inhalants				
Other (specify)				

Have you ever received treatment for any of the above? Yes _____ No _____

Where? _____

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Current Medical Conditon

General Health: Good _____ Fair _____ Poor _____

List any health conditions that you have:

Current Medications

Name of Drug	Dosage	Origin of precription
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Income

Do you receive any money/checks/food stamps or other income? Yes _____ No _____

If "yes" what is the source? _____

What is the amount of your monthly income? _____

Goals

What are the goals you would like to accomplish through becoming a part of the Shepura Men's Center's New Life Recovery Program?

Health Screening Information:

Name: _____

Do you have cancer?	Yes	No
Do you have diabetes?	Yes	No
Do you have cirrhosis of the liver?	Yes	No
Are you HIV positive or have AIDS?	Yes	No
Do you have any sexually transmittable diseases?	Yes	No
Do you have Hepatitis A, B, or C?	Yes	No
Do you take heart medication?	Yes	No
Do you have seizures?	Yes	No
Do you have thyroid problems?	Yes	No
Do you have kidney disease?	Yes	No
Do you have lung or breathing problems?	Yes	No
Do you have intestinal or stomach problems?	Yes	No
Do you have blood pressure problems?	Yes	No
Do you have any known allergies?	Yes	No
Have you ever been tested for tuberculosis (TB)?	Yes	No
Are you under the care of any mental health professional or system?	Yes	No
Are you under any drug maintenance or medicated assisted therapy?	Yes	No
Are you on any pain management plan?	Yes	No
Do you have any physical limitations?	Yes	No
Do you wear hearing aids?	Yes	No
Do you wear dentures?	Yes	No
Do you have emergency dental concerns?	Yes	No
Do you wear glasses?	Yes	No
Will you cooperate with medical examination and/or testing if needed?	Yes	No
Do you have any other known health issues that you need to disclose?	Yes	No

You are hereby advised that the Jimmie Hale Mission is not a medical facility (including psychiatric services) and that we are not obligated to provide you with medical services. As a gospel mission ministry, we will assist you with humanitarian and emergency services as needed.

Signature: _____ Date: _____