

# The Hero's Palace

## Screening Assessment Form

**Instructions:** Complete all sections of this form. After filling it out, click "Print Form" to print or save as PDF.

### Personal Information

**Full Name \***

**Age \***

**Date of Birth \***

**Race/Ethnicity**

**Religion**

**Marital Status**

Select... ▼

**Social Security Number**

**Trade/Occupation**

**Physical Status \***

Able-Bodied  Disabled

**If Disabled, Percentage/Amount**

**Do You Have Medicaid?**

Yes  No

### Military Service

**U.S. Veteran?**

Yes  No

**Branch of Service**

**Length of Service**

**Type of Discharge**

Honorable  Dishonorable  Other  N/A

## Substance Abuse History

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Have you completed any substance abuse treatment programs?

Yes  No

Rehab Programs Completed (Name, Date, City)

Name of Counselor

Counselor Telephone

Do you currently have an AA/NA sponsor?

Yes  No

Sponsor Name

Sponsor Phone

Age First Used Substances

Sobriety/Clean Date

 mm/dd/yyyy

## Drug Use Information

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What drugs have you taken?

What influenced you to start?

Last Used (Date)

 mm/dd/yyyy

How were you able to quit?

Drug of Choice

Route Taken

 Select... ▾

Other Substances Used

Frequency of Use

 Select... ▾

Withdrawal Symptoms (Specify)

## Alcohol Use Information

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What kind of alcohol have you used?

Why did you start drinking?

Last Used (Date)

mm/dd/yyyy

How were you able to quit?

## Substance Abuse Assessment

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Check all that apply:

None    Family/Relationship Problems    Attempts to Cut Down    Job Problems    Increased Tolerance  
 Guilty About Actions While Using    Withdrawal    Hate Yourself Later for Using

## Health Information

**Last TB Test Date**

mm/dd/yyyy

**TB Test Result**

Positive  Negative

**Do you receive any home health care services?**

Yes  No

**If Yes, Agency Name****List any major health problems or disabilities****Describe any assistance required for personal needs (bathing, dressing, grooming, transportation, etc.)****Special Diets****Allergies (Food, Medication, etc.)****List medications you are currently taking****List medications you should take, yet are currently not taking****List prescribed and over-the-counter medications with dosage****Current Medical Concerns**

## Medical History

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What medical problems do you have?

**Infectious Disease (AIDS, HIV, Herpes, etc.)**

Yes  No

**If Yes, Explain**

(Leave blank if No)

**Diabetes**

Yes  No

**If Yes, Explain**

(Leave blank if No)

**High Blood Pressure**

Yes  No

**If Yes, Explain**

(Leave blank if No)

**Heart Disease**

Yes  No

**If Yes, Explain**

(Leave blank if No)

**Cancer**

Yes  No

**If Yes, Explain**

(Leave blank if No)

**Stroke**

Yes  No

**If Yes, Explain**

(Leave blank if No)

**Seizures**

Yes  No

**If Yes, Explain**

(Leave blank if No)

**Liver or Kidney Disease**

Yes  No

**If Yes, Explain**

(Leave blank if No)

## Mental Health

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Have you ever been in a mental institution?

Yes  No

**Mental Status (Check all that apply):**

None  Danger to Self  Danger to Others  Threats of Suicide  Threats to Harm Others

Plans of Suicide  Plans to Harm Others  Preoccupation with Death  Attempts to Harm Others

Suicide Attempts

**Trauma including head, physical/sexual abuse?**

**If Yes, Please Explain**

Yes  No

(Leave blank if No)

## Legal Information

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Have you ever been convicted of a crime?

Yes  No

If Yes, What City and State?

Do you have any upcoming court dates or charges pending?

Yes  No

If Yes, Nature of Charge and Court Date

## Probation/Parole & Social Services

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Probation/Parole Officer Name

Officer Telephone

Social Worker/Other Agency Name

Organization

Telephone

## Goals and Expectations

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Where do you see yourself in three to five years?

In what way will The Hero's Palace be able to assist you?

What do you plan to accomplish in this program?

## Program Agreement and Consent

**Drug Testing Policy:** I understand that The Hero's Palace has a random drug testing policy. As a resident of this program, I will be subject to and agree to random drug testing at the request of The Hero's Palace residential managers, program director, and authorized staff personnel, as well as random room inspections at all times.

**Signature**

**Date**

mm/dd/yyyy

I understand that The Hero's Palace has Rules and Regulations that I have to abide by in order for my transitional settings to be productive to improve my new lifestyle. The Hero's Palace does not discriminate against race, creed or religion. The Hero's Palace is not responsible for any injuries that may occur while in the program. I fully understand that participation in this program is strictly voluntary. If selected I will participate in the entirety of the program and obey all rules of the program. To the best of my knowledge, all information reported here is accurate. I also give The Hero's Palace and staff members permission to access any records and information they need that other agencies may have in their possession.

**Signature \***

**Date \***

mm/dd/yyyy