

# 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

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

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

What medical problems do you have?

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

☐ Yes ☐ No

If Yes, Explain

Diabetes

☐ Yes ☐ No

If Yes, Explain

High Blood Pressure

☐ Yes ☐ No

If Yes, Explain

Heart Disease

☐ Yes ☐ No

If Yes, Explain

Cancer

☐ Yes ☐ No

If Yes, Explain

Stroke

☐ Yes ☐ No

If Yes, Explain

Seizures

☐ Yes ☐ No

If Yes, Explain

Liver or Kidney Disease

☐ Yes ☐ No

If Yes, Explain

# Mental Health

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?

☐ Yes ☐ No

If Yes, Please Explain

# 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