Client Profile		
Last Name	First Name	Middle Name
Last Name/Birth	Date of Birth	Medicaid Number

Race	☐ Alaska Native ☐ American Indian ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Island ☐ Other Single Race ☐ Two or More Unspecified Races
Ethnicity	☐ Cuban ☐ Not of Hispanic Origin ☐ Unknown ☐ Mexican ☐ Other Specific Hispanic ☐ Puerto Rican ☐ Hispanic, origin not specified
Gender	☐ Female ☐ Male ☐ Other
Marital Status	☐ Never Married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
Veteran	☐ Yes ☐ No ☐ Yes, Veteran and Current or Former Active Duty Military ☐ No, but Current or Former Guard/Reserve Military ☐ Yes, Veteran and Current or Former Guard/Reserve Military
Employment	☐ Disabled ☐ Full Time ☐ Homemaker ☐ Not in Labor Force ☐ Student ☐ Part-time ☐ Retired ☐ Shelter ☐ Unemployed ☐ Other:
Living Arrangement	☐ Private Residence (at home) ☐ Private Residence (with non-relative) ☐ Private Residence (with relative) ☐ Alcohol and Drug Free Housing ☐ Transient/Homeless ☐ Other
County of Residence:	

Admission Date	Zip Code	Estimated Monthly Income

Source of Income/Support	☐ Wages/Salary	☐ Public Assistance	☐ Disability/ SSDI	☐ Retirement/ Pension/SSI	☐ Other
Total Number of Dependents	Number of Child Dependents				
Primary Health Insurance	☐ Medicaid/ OHP	☐ Medicare	☐ Private Insurance/ MCO	☐ Other	☐ None
Referred From					
Tribal Affiliation					☐ Not Applicable
Interpreter	☐ Foreign Language		☐ Hearing Impaired		☐ None
Highest School Grade Completed			Tobacco Use	☐ Yes	☐ No
Pregnant	☐ Yes	☐ No	☐ N/A	☐ Unknown	
Substance Use in the Last 90 days	☐ No	☐ Yes	☐ Unknown		

Arrests	Number of Arrests Past Month	Total Number of Arrests
Number of DUII Arrests Past Month	Total DUII Arrests	DUII Completion Date

Addiction Detail					
Substance			**Age of First Use**	**Frequency of Use**	**Usual Route of Administration**
Primary	☐ Alcohol ☐ Amphetamines ☐ Barbiturates ☐ Benzodiazepines ☐ Cocaine/Crack ☐ Heroin ☐ Inhalants ☐ Marijuana/ Hashish ☐ Methamphetamine	☐ Non-Prescription Methadone ☐ None ☐ Other Opiates ☐ Over the Counter ☐ PCP ☐ Other		☐ No use in the past month ☐ 1-3 times in the past month ☐ 1-2 times in the past week ☐ 3-6 times in the past week ☐ Daily ☐ Not Applicable	☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ N/A ☐ Other
Secondary	☐ Alcohol ☐ Amphetamines ☐ Barbiturates ☐ Benzodiazepines ☐ Cocaine/Crack ☐ Heroin ☐ Inhalants ☐ Marijuana/ Hashish ☐ Methamphetamine	☐ Non-Prescription Methadone ☐ None ☐ Other Opiates ☐ Over the Counter ☐ PCP ☐ Other		☐ No use in the past month ☐ 1-3 times in the past month ☐ 1-2 times in the past week ☐ 3-6 times in the past week ☐ Daily ☐ Not Applicable	☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ N/A ☐ Other
Tertiary	☐ Alcohol ☐ Amphetamines ☐ Barbiturates ☐ Benzodiazepines ☐ Cocaine/Crack ☐ Heroin ☐ Inhalants ☐ Marijuana/ Hashish ☐ Methamphetamine	☐ Non-Prescription Methadone ☐ None ☐ Other Opiates ☐ Over the Counter ☐ PCP ☐ Other		☐ No use in the past month ☐ 1-3 times in the past month ☐ 1-2 times in the past week ☐ 3-6 times in the past week ☐ Daily ☐ Not Applicable	☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ N/A ☐ Other
Frequency of Attendance in Self-Help Groups in the **past month:**				☐ None ☐ 1-3 times ☐ 4-7 times ☐ 8-15 times ☐ 16-30 times	
Number of Positive Alcohol/Drug Tests Past 30 days:					
Medication Assisted Treatment	☐ Alcohol	☐ Nicotine	☐ Opiates	☐ None	

**Please bring form to the treatment center for admission