

CHEYENNE & ARAPAHO TRIBES - SUBSTANCE ABUSE PROGRAM
George Hawkins Memorial Treatment Center
RESIDENTIAL ADMISSION

~ CLIENT INFORMATION ~

TODAYS DATE _____
FIRST NAME _____ MI _____ LAST NAME _____
ADDRESS _____ CITY/STATE/ZIP _____
DOB _____ S.S.N. _____ SEX _____ TELEPHONE # _____
TRIBE/AGENCY _____ NICKNAMES _____
DEPENDENTS _____ PLACEMENT _____ REFERRED BY _____
LAST GRADE COMPLETED _____ CURRENTLY EMPLOYED _____

****ALCOHOL/DRUG SUMMARY****

RECENT SUBSTANCE USED _____ RECENT AMOUNT USED _____
PRIOR SUBSTANCES USED _____ AMOUNT _____
HOW OFTEN _____ MOTIVATION FOR TREATMENT _____
EXPER. DT's _____ (Y/N) OVERDOSE _____ (Y/N)
LONGEST SOBER _____ LAST SOBER _____
PRIOR TREATMENT? _____ WHERE? _____
PROBLEMS ENCOUNTERED FROM A/D USE NOW _____
HEALTH PROBLEMS _____
MEDICATIONS _____
PHYSICAL HANDICAPS, IF ANY? _____
HOW'S YOUR HEARING? _____ SIGHT? _____ ANY TYPE OF DRUG OR FOOD ALLERGY? _____
SERVICE UNIT OF PATIENT _____ HAVE YOU USED IHS CONTRACT HEALTH SERVICE? (Y/N) _____
FEMALES ONLY: Are you pregnant? (Y/N) _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____

*****COURT INFORMATION*****

COURT TYPE _____	CHARGE _____
ATTORNEY _____	
COURT JUDGE _____	COURT COUNTY _____
DUI/DWI (Y/N) _____	COURT DATE _____

*****OFFICE USE ONLY*****

COMMENTS _____
APPROVED BY _____