

# SERENITY LANE

Drug & Alcohol Treatment Services

## Screening Assessment

Please completely fill out all requested information:

### Demographic Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

How were you referred to us: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address, if Different: \_\_\_\_\_

SSN: \_\_\_\_\_ (required) Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Insurance Information

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insured's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to the Patient: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

Insured's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact

I \_\_\_\_\_ give permission for staff at Serenity Lane to contact the following person in the event of an emergency:

Contact Name: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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Please completely fill out all requested information:

### Cultural Information

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

How would you describe your cultural background:

What language is spoken at home: \_\_\_\_\_

Can you read and write English well enough to complete treatment assignments: YES NO

Do you feel comfortable with the following:

- Speaking in a group: YES NO
- Standing close to other people: YES NO
- Looking people in the eye: YES NO

What groups or organizations do you belong to: \_\_\_\_\_

What are your religious or spiritual beliefs: \_\_\_\_\_

What do we need to understand about your beliefs, culture, or traditions to better help you in treatment:

Mark on the line your current ability to care for yourself and for your dependents in the following areas:

	Very Capable	Very Difficult
Physical wellbeing	_____	_____
Emotional wellbeing	_____	_____
Financial wellbeing	_____	_____

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_