



ADDICTION CONNECTIONS RESOURCE

CLIENT ID \_\_\_\_\_

# Client Intake Sheet

Date: \_\_\_\_\_

ACR Employee: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Veteran: Yes No Ethnicity: \_\_\_\_\_ MAT: \_\_\_\_\_

Circle One:

Client's Address Last Known Address Parent's Address Other:

Living Arrangements: Independent: Yes No Dependent: Yes No

Homeless: Yes No Sex: M F Age: \_\_\_\_\_

Referral Source:

Courts HCHD P&P ODCP Self Other:

Caller: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Client Service:

Information Inpatient Outpatient Detox Aftercare  
Support/Self Family Support Detox Maintenance Halfway House  
Client Service Recovery Support Other: (Specify)


Employment: Full Time Part Time Unemployed Student Other: \_\_\_\_\_

Married: Yes / No Currently Pregnant: Yes / No Number of children: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Dual Diagnosis: Yes / No Diagnosis: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

# Substance Use History

## CAGE Questions Adapted to Include Drug Use (CAGE-AID)

1. Have you ever felt you ought to cut down on your drinking or drug use? Yes / No
2. Have people annoyed you by criticizing your drinking or drug use? Yes / No
3. Have you felt bad or guilty about your drinking or drug use? Yes / No
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)? Yes / No

Scoring: Item responses on the CAGE questions are scored 0 for “no” and 1 for “yes” answers, with a higher score being an indication of alcohol problems. A total score of two or greater is considered clinically significant. The normal cutoff for the CAGE is two positive answers, however, the Consensus Panel recommends that the primary care clinicians lower the threshold to one positive answer to cast a wider net and identify more patients who may have substance abuse disorders. A number of other screening tools are available. CAGE is derived from the four questions of the tool: Cut down, Annoyed, Guilty, and Eye-opener. CAGE Source: Ewing 1984

CAGE Score: \_\_\_\_\_

Substance	Substance Name	Route of Admin	Age of 1st Use	Severity	
Gateway				Mild Severe	Moderate
Primary				Mild Severe	Moderate
Secondary 1				Mild Severe	Moderate
Secondary 2				Mild Severe	Moderate
Secondary 3				Mild Severe	Moderate

Have you ever had a history of ANY opiate use (If none mentioned)?

If opiate use started with prescription drugs, where did you first get them?

Are you aware of the Good Samaritan Law that pertains to overdoses? Yes / No

Have you overdosed in the past 12 months? Yes / No If so, how many times? \_\_\_\_\_

Did you go to the E.R? Yes / No If so, how many times? \_\_\_\_\_

# Treatment History

Treatment Center Name	Date	Completed	Aftercare

# Arrest History

Arrests	Dates

Charges Pending: \_\_\_\_\_

Trial Dates: \_\_\_\_\_

Attorney: \_\_\_\_\_

Outcomes/Recommendations:

Notes:

**Emergency Contacts:** \_\_\_\_\_

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# CASE NOTES

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