658 E Brier Dr Ste 250, San Bernardino, CA 92415 | Phone: 909-501-0728 • Fax: 909-501-0831
www.SBCounty.gov

SAN BERNARDINO COUNTY

Department of Behavioral Health
Substance Use Disorder and Recovery Services

RESET

Substance Use Disorder and Recovery Services Intake Assessment

Demographic Information		
Client Name:		Client ID:
DOB:	Self-Identified Gender:	
Admission Date:	Intake Date:	Discharge Date:

Program:
- ☐ Adult Drug Court
- ☐ Juvenile Drug Court
- ☐ Residential Treatment
- ☐ Perinatal Residential Treatment
- ☐ Withdrawal Management
- ☐ Intensive Outpatient Treatment
- ☐ Perinatal Treatment
- ☐ Narcotic Treatment Program
- ☐ Outpatient Treatment
- ☐ Recovery Services

Referral Source:
- ☐ CalWORKs
- ☐ Children & Family Services
- ☐ Employer
- ☐ Family Law
- ☐ IEHP
- ☐ Molina
- ☐ Mental Health
- ☐ Parole
- ☐ Probation
- ☐ Primary Care Physician
- ☐ Self
- ☐ Other:

Presenting problem, why client is seeking treatment: Include current symptoms, functional impairment, severity, duration and problems to daily living *(e.g. Unable to work, school, peers, social relationships, family, parenting, living arrangement/problems, health, self-care and legal)*

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	DOB:	
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Results of Alcohol / Drug Use

Have you experienced the following as a result of alcohol and/or drug use?

☐ Blackouts	☐ Decrease in tolerance	☐ Nausea
☐ Feeling Depressed	☐ Periods of remorse	☐ Delirium Tremens
☐ Feeling Anxious	☐ Malaise-not feeling good	☐ Suicidal thoughts
☐ Binge Drinking	☐ Vomiting	☐ Attempted Suicide
☐ Dizziness	☐ Diarrhea	☐ None

Substance Use History

1. In the past seven (7) days, what types of drugs, including alcohol have you used? *(Type of drug and route of administration)*

Explanation:

2. In the past year, what types of drugs, including alcohol, have you used? *(Type of drug and route of administration)*

Explanation:

Health Questionnaire

A component of a client SUD assessment requires medical/psychiatric/psychological history; SUD Treatment Programs must utilize the DHCS Form 5103 health questionnaire (most recent version) to obtain this information. The health questionnaire is a client's self-assessment of their health status. The health questionnaire shall be completed and signed prior to the client's admission to the program and filed in the client's file. Appropriate SUD Treatment Program staff shall review each completed health questionnaire.

Children and Family Services (CFS) Involvement

CFS Worker:	Phone Number:
County:	Office:

Criminal Record:

Charges/Convictions:	Date Arrested:	Arrest Location:	Sentence:

Probation Parole

Are you on Probation?	☐ Yes	☐ No	Probation Officer Name:	Phone:
Are you on Parole?	☐ Yes	☐ No	Parole Officer Name:	Phone:

5. Do you have any current legal problems/warrants? (*If yes, please explain)* ☐ Yes ☐ No

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6. Have you been mandated to have an assessment completed or to enter treatment? ☐ Yes ☐ No

Explanation:

Emergency Contact		
Emergency Contact Name:		Phone:
Emergency Contact Address:		
City:	State:	Zip:

Emergency Contact Name:		Phone:
Emergency Contact Address:		
City:	State:	Zip:

Household Members		
Names of Persons Residing with You:	**Relationship To You:**	**Age:**

Children			
Name:	**Sex:**	**DOB:**	**Status: (w/mother, foster care, etc.):**

Family Health History	
Health History:	**Relationship to you:**
Comments:	

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Social/Recreational History

7. What high risk situations are created by your use of alcohol and/or drugs? *(e.g., driving under the influence, caring for minor children, working with machinery, heavy equipment, etc.) (Please describe)*

Explanation:

8. How do you spend your free time?

Explanation:

9. How often do you engage in your free time activities?

Explanation:

10. Have you given up activities you used to enjoy as a result of your alcohol and/or drug use? (*If yes, what activities)* ☐ Yes ☐ No

Explanation:

11. How many close friends would you say you have?

12. How many of those close friends use alcohol and/or drugs regularly?

13. Are friends supportive of abstinence, not using or drinking? (*If yes, how?)* ☐ Yes ☐ No

Explanation:

14. How close are you to your family of origin?

Explanation:

15. When was your last contact with your family of origin?

16. Is there a family history of substance use disorder in your family of origin? ☐ Yes ☐ No

Explanation:

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17. Do you live in a safe environment/safe home? (*If no, please explain)* ☐ Yes ☐ No

Explanation:

18. Do you feel safe in your environment? ☐ Yes ☐ No

Please rate your response from 1-5, the higher the number, the safer you feel: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

19. Are your living arrangements supportive of non-use? (*If no, please explain)* ☐ Yes ☐ No

Explanation:

Gambling		
Do you gamble on a regular basis?	☐ Yes	☐ No
Have you ever felt the need to bet more and more money?	☐ Yes	☐ No
Have you ever had to lie to people important to you about how much you gamble?	☐ Yes	☐ No

Educational History

20. What is the highest level of education completed? ☐ Elementary School ☐ Middle School ☐ High School ☐ College

Explanation:

21. Do you have a GED or High School Equivalency Diploma? ☐ Yes ☐ No

22. Have you completed any training or technical education? (*If yes, please explain the training/technical education)* ☐ Yes ☐ No

Explanation:

23. Did your alcohol and/or drug use negatively affect your educational goals and/or activities? ☐ Yes ☐ No

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Employment and Financial Status History

24. Do you have a source of income? *(If yes, mark all boxes that apply)* ☐ Yes ☐ No

☐ Employment	☐ State Disability
☐ Self-Employment	☐ Workers Compensation
☐ Odd Jobs *(recycling, panhandling)*	☐ Unemployment benefits
☐ CalWORKs	☐ Supplemental Security Income (SSI)
☐ Social Security Disability	☐ Child Support
☐ Spousal Support	☐ Other *(If other please explain below)*

Explain:

25. Primary Occupation:

26. Length of time at current employment:

27. Last full-time employment:

28. Do your available funds support your basic needs? ☐ Yes ☐ No

29. Which of the following employment/school problems have you ever experienced due to alcohol and/or drug use?

☐ Absenteeism	☐ Used/Drank at work/school
☐ Fired	☐ Diminished Productivity
☐ Suspended/Leave of Absence	☐ Quit
☐ Physical Hazards	☐ None

30. Have you ever lived in poverty? ☐ Yes ☐ No

Explanation:

31. Do you feel that alcohol and/or drug use by you or others impacted this living condition? ☐ Yes ☐ No

Explanation:

32. Has your alcohol and/or drug use impacted your finances in a negative way? ☐ Yes ☐ No

Explanation:

Screener Name: Title:

Signature: Date:

Telephone: Fax:

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