



## Screening Form

Name: \_\_\_\_\_

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

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

\_\_\_\_\_

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

DOB: \_\_\_\_\_

Move in Date: \_\_\_\_\_

Screening Method: \_\_\_\_\_ On Site/Walk-In \_\_\_\_\_ Phone

Primary Drug of Choice: \_\_\_\_\_

Secondary Drug of Choice: \_\_\_\_\_

Tertiary: \_\_\_\_\_

Other Drugs: \_\_\_\_\_

\_\_\_\_\_

Drug Treatment : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Referral: \_\_\_\_\_

---

---

Educational/Vocational: \_\_\_\_\_

---

---

Medical History: \_\_\_\_\_

---

---

Mental health disorders: \_\_\_\_\_

---

---

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

---

---

AA/NA Meetings: \_\_\_\_\_

---

---

What is the main reason for your interest in ALAMO? \_\_\_\_\_

---

---

---