

PRESCREENING FOR ADMISSION  
CFR Men's Recovery House

Date: \_\_\_\_\_ Tentative Admission Date: \_\_\_\_\_

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

Referral Name/Agency/Phone: \_\_\_\_\_

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Substance History:

1. DOC: \_\_\_\_\_ Date of Last Use: \_\_\_\_\_

Amount/Frequency/Method: \_\_\_\_\_

2. DOC: \_\_\_\_\_ Date of Last Use: \_\_\_\_\_

Amount/Frequency/Method: \_\_\_\_\_

3. DOC: \_\_\_\_\_ Date of Last Use: \_\_\_\_\_

Amount/Frequency/Method: \_\_\_\_\_

Most Recent Tx Agency/Program/Date: \_\_\_\_\_

Is the client signed up for ATR? \_\_\_\_\_

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Physical/Medical Concerns: \_\_\_\_\_

Psychological/Mental Health Concerns: \_\_\_\_\_

If Dual Diagnosed, Current Medications: \_\_\_\_\_

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Criminal Justice:

Probation/Parole Officer/Phone: \_\_\_\_\_

Are there current criminal or civil charges pending? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Is the client a registered sex offender? \_\_\_\_\_

Has the client been convicted of a violent crime? \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Accepted/Rejected to MRH: \_\_\_\_\_

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Staff Signature and Date