



Client Info

Client	
Date of Birth	
Completed by	
Credentials	

Primary Drug of Choice

Referral (Substance and Treatment History)			
Precipitating Event			
Detox Expected?			
Substance 1		Substance 2	
Substances Abused 1		Substances Abused 2	
Substance Detail 1		Substance Detail 2	
Amount Used 1		Amount Used 2	
Frequency 1		Frequency 2	
Route		Route	
Date of Last Use 1		Date of Last Use 2	
Age of First Use 1		Age of First Use 2	
Method of Acquisition		Method of Acquisition	
Pre-Admission Assessment PAAS ID			

Secondary Substance

Substance 3		Route	
Substances Abused 3		Date of Last Use 3	
Frequency 3		Age of First Use 3	
Substance Detail 3		Additional Details	
Amount Used 3		Method of Acquisition	

Withdrawal Symptoms

Acute Intoxication/Withdrawal Potential	
Explain Acute Intoxication/Withdrawal	
Current Withdrawal Symptoms	
History of Withdrawal Symptoms	

Medical Review

Medical History		Height	
Current Chronic/ Acute Medical Conditions		Weight	
Current Medical Issues		Active Eating Disorder?	
Date of Last Hospitalization		Eating Disorder Details	
Covid 19 Positive in last 10 Days?		Previous Surgeries	
Clinical data provided by		History of Overdose	
BioMedical Conditions		Seizure History	
Chronic Pain?		Seizure History Details	
Chronic Pain Details		Food or Medication Allergies?	
		Any Special Needs?	

Medications

Meds and Dosages for Chronic Illness

Behavioral Health Review

Impulsive Disorders		TBI History	
Sexual/Intimacy Disorders - Tx & His		Current or History of Self Injury?	
Compulsive Disorders?		Homicidal Attempts, Ideations or Plans?	
Describe Compulsive Issue		Current/Recent SI, Attempts or Plans?	
Current Mental Health Treatment?		History of SI, Attempts or Plans?	
Mental Health Symptoms		Non-Substance Related Psychosis	
Family Mental Health History		Non-Substance Related Psychosis Details	

Trauma

Trauma/PTSD Symptoms		Military Service?	
Trauma/PTSD Symptoms and History		Military Service Details	
Current Withdrawal Symptoms		First Responder?	
History of Withdrawal Symptoms		First Responder Details	

Legal

Current Legal Issues		Past Legal Issues?	
Please Explain Legal Status		Substance Related	
Legal Status		Legal Issues	
History of Withdrawal Symptoms		Guardianship or Power of Attorney?	
		If Yes, please explain	

Treatment History

Prior Substance Abuse Treatment?	
Longest Period of Sobriety	
Past Experience with AA/NA?	

Emotional/Behavioral

Emotional/Behavioral Condition	
Emotional/Behavioral Explanation	
Relapse/Continued use Potential	
Relapse/Continued use Potential Explanation	

Living Environment

Recovery Environment	
Please explain the Recovery Environment	
Current Living Arrangements	
Children living outside the home?	
Emergency Contact	

Employment

Are you employed?	
Employment	
Spouses Employment	
Prior Mental Health Treatment?	
Psychiatric Hospitalization or Holds	
Prior Diagnosis	

Treatment Motivation

Treatment Acceptance/Resistance	
Treatment Acceptance/Resistance Details	
Goals for Treatment	

Additional Notes

System Information

Created by		Safe Harbor Director of Admissions
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SAFE HARBOR
RECOVERY CENTER

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