



Treatment History: Have you ever received alcoholism/drug addiction treatment?  Yes  No

Facility: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_ Treatment Completed

\_\_\_\_\_  Yes  No

\_\_\_\_\_  Yes  No

\_\_\_\_\_  Yes  No

Do you have a current 12-step sponsor?  Yes  No

If Yes, Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Legal Status**

Are you currently incarcerated?  Yes  No

\* If yes, where? \_\_\_\_\_ Expected release date: \_\_\_\_\_

\* If yes, how can we contact you? \_\_\_\_\_

Are you currently involved in the following legal matters?  Yes  No

Probation  Parole  Divorce Proceedings  Civil Proceedings

Child care custody  Drinking driver program  Assault charges

Do you have a court appearance pending?  Yes  No

\* If yes, when and where? \_\_\_\_\_

How much time have you spent in: Prison: \_\_\_\_\_ Jail: \_\_\_\_\_

List all prior convictions 10 years to the present (if more room is needed, continue on reverse):

Conviction:	Date(s):	Time served:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parole / Probation Officer's Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**Medical History**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date and year of last physical: \_\_\_\_\_

Are you currently over weight?  Yes  No If Yes, by how much? \_\_\_\_\_

Are you currently under weight?  Yes  No If Yes, by how much? \_\_\_\_\_

Eating disorder: \_\_\_\_\_

Describe past and present physical health (include hospitalizations, and major accidents or illness):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had convulsions or seizures?  Yes  No If yes, date(s): \_\_\_\_\_  
\* If yes, were they related to alcohol / drug use, abuse, detox.?  Yes  No

Are you currently taking any medications:  Yes  No  
\*If yes, please list all medication(s) and the reason you are taking them.

Medication	Reason for Medication	Dosage	Date Started
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies to: Penicillin / other antibiotics; aspirin; codeine; morphine or any other drugs, food, etc.:

\_\_\_\_\_

Are you currently under the care of a:  
 MD  Psychiatrist  Psychologist  Therapist

If so, may we contact them?  Yes  No  
Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Are you currently involved in a relationship?  Yes  No

\* If yes, describe your relationship with your significant other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any children?  Yes  No If yes, give names, ages and gender:

Name	Age	Gender
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Education**

Highest grade completed in school: \_\_\_\_\_ Major \_\_\_\_\_

List any scholastic abilities or special training you have: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Spiritual**

Describe your current spiritual beliefs: \_\_\_\_\_

\_\_\_\_\_

What part does God play in your life / recovery plan? \_\_\_\_\_  
\_\_\_\_\_

What (church / religious activity) did you (attend / do) as a child? \_\_\_\_\_

How many years? \_\_\_\_\_ How often?  Never  Occasionally  Regularly

Denominational / Non-denominational preference: \_\_\_\_\_

What recent changes have you had in your religious life (if any)? \_\_\_\_\_  
\_\_\_\_\_

Write a description of what you would need in your program to reach your goals (state your goals clearly):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the major problem that has caused you to seek help at this time?

\_\_\_\_\_  
\_\_\_\_\_

How long has this been a problem? \_\_\_\_\_

Why did you decide to seek help at this time? (Why not last week? Why not next week?)

\_\_\_\_\_  
\_\_\_\_\_

Do you believe you're addicted to alcohol or drugs?  Yes  No  Unsure

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many times have you made serious attempts to stay abstinent?

None (0) \_\_\_\_\_ Two (2) \_\_\_\_\_ Four (4) \_\_\_\_\_  
One (1) \_\_\_\_\_ Three (3) \_\_\_\_\_ Five (5) \_\_\_\_\_ More than five (6) \_\_\_\_\_

What's the longest period of time you've been able to stay abstinent?

Twelve weeks or more (4) \_\_\_\_\_ Fewer than four weeks (1) \_\_\_\_\_  
Six weeks (3) \_\_\_\_\_ I've never tried long-term abstinence (0) \_\_\_\_\_  
Four weeks (2) \_\_\_\_\_

How many times have you been admitted for detoxification from alcohol and drugs?

None (0) \_\_\_\_\_ Two (2) \_\_\_\_\_ Four (4) \_\_\_\_\_  
One (1) \_\_\_\_\_ Three (3) \_\_\_\_\_ Five (5) \_\_\_\_\_ More than five (6) \_\_\_\_\_

What has been most helpful in your past recovery attempts?

- a. 12-Step program \_\_\_\_\_
- b. Church / Religion \_\_\_\_\_
- c. Friends \_\_\_\_\_
- d. Family \_\_\_\_\_
- e. Other \_\_\_\_\_

Choose the statement that best describes how strongly you believe you're suffering from chemical dependence or your other target problem.

- Totally convinced \_\_\_\_\_
- Mostly convinced \_\_\_\_\_
- Partially convinced \_\_\_\_\_
- Not convinced \_\_\_\_\_

Are you currently in recovery and experiencing pain or having a hard time functioning?

- \_\_\_\_\_ Yes, and I'm afraid I might relapse soon.
- \_\_\_\_\_ Yes, and I'm worried about relapse.
- \_\_\_\_\_ Yes, but I'm not in any immediate danger of relapse. I just want to lower my risk.
- \_\_\_\_\_ No. I'm not experiencing any pain or trouble functioning, and I'm not worried about the immediate risk of relapse.

Is there any other information that you believe we need to know in determining our program's suitability to meet your needs: \_\_\_\_\_

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I hereby certify that I have completed the forgoing Santa Barbara Rescue Mission recovery program application form to the best of my ability and as truthfully as possible. I also understand that **the in-take counselor is available to answer any questions and explain what might be unclear to me.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**