Rosecrance is a behavioral health care organization that is bound by strict state and federal privacy and confidentiality regulations. Please fax this form. Do not email.

rosecrance Admission Assessment Update

Please fill out both sides of this questionnaire as completely and accurately as possible.

Name _____ **Date of birth** _____

Please update any personal information that has changed since your assessment with us

Phone number/address has changed ☐ No ☐ Yes:_____
Marital status has changed ☐ No ☐ Yes:_____
Employer or employment status has changed ☐ No ☐ Yes:_____
Funding source for treatment has changed ☐ No ☐ Yes:_____

Health and health-related information (outpatient only)

Current or recent (since assessment) illnesses ☐ No ☐ Yes:_____
Are you currently pregnant? ☐ No ☐ Yes:_____
Are you currently taking any medications? ☐ No ☐ Yes (if yes, please provide information below)

Name of medication	Dosage	Reason for taking	Prescribing physician

Do you believe your medications are helping you? ☐ No ☐ Yes:_____
Do you take herbal supplements or vitamins? ☐ No ☐ Yes:_____
Have you used shared needles? ☐ No ☐ Yes:_____
Do you currently use tobacco? ☐ No ☐ Yes:_____
Are you interested in quitting tobacco use? ☐ No ☐ Yes:_____
Do you exercise regularly? ☐ No ☐ Yes:_____

Have you ever been hospitalized for psychiatric care? ☐ No ☐ Yes: When?_____ Where? _____
If yes, please describe _____
Have you ever seen a psychiatrist? ☐ No ☐ Yes: When?_____ Who? _____
Reason: _____
Are you currently seeing a psychiatrist? (need signed release) ☐ No ☐ Yes: (please explain) _____
_____
Have you ever had suicidal thoughts? ☐ No ☐ Yes: (please explain) _____
_____
Have you ever thought of harming others? ☐ No ☐ Yes: (please explain) _____
_____

Who is your current physician, and what is his/her phone number and address? (need signed release)
Physician: _____ Phone: _____ Address: _____
In case of emergency, whom should we contact? (need signed release)
Name: _____ Phone: _____ Relationship to you: _____
When did you last use ANY substance? _____

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Admission Assessment Update (continued)

Name: _____

1. Do you need morning or evening groups? _____
2. Are you on Suboxone maintenance? _____
3. What is your drug of choice? _____
4. Did you complete an assessment with Rosecrance? _____
5. Do you have transportation for each scheduled appointment? _____
6. Do you have child care available for each scheduled appointment? _____