



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 Self-Assessment

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

## Employment/vocational

Are you currently employed? \_\_\_\_\_ No \_\_\_\_\_ Yes: Employer: \_\_\_\_\_  
If yes, please check all that apply: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Daytime hours \_\_\_\_\_ Evening hours

## Educational/learning

What is your current level of education? \_\_\_\_\_ High school diploma \_\_\_\_\_ GED \_\_\_\_\_ Some college  
\_\_\_\_\_ Associate's \_\_\_\_\_ Bachelor's \_\_\_\_\_ Master's

What is/are your favorite way(s) to learn?  
\_\_\_\_\_ Reading written material — books, papers, etc.  
\_\_\_\_\_ Listening to lectures and/or audio tapes  
\_\_\_\_\_ Participation that helps me to experience new learning in some way  
\_\_\_\_\_ Visual presentation, such as pictures, movies, videos and DVDs

## Military history

Are you now, or have you ever been a member of the U.S. armed services? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Did you engage in active combat situations? \_\_\_\_\_ No \_\_\_\_\_ Yes

## Spirituality

Do you have a religious preference? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Do you believe in a Higher Power? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Do you have any concerns about there being conflicts between treatment and your faith? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Have you ever had any upsetting experiences related to religion? \_\_\_\_\_ No \_\_\_\_\_ Yes  
Are you interested in meeting privately with our chaplain during your time in treatment? \_\_\_\_\_ No \_\_\_\_\_ Yes

## Personal history

In your lifetime, have you ever experienced or are you experiencing any of the following?

- |  |   |
|--|---|
| <input type="checkbox"/> Grew up in a substance-abusing household        | <input type="checkbox"/> Grew up in household where there was physical abuse                                      |
| <input type="checkbox"/> Raised by someone other than a parent           | <input type="checkbox"/> Grew up in single-parent household with:<br>_____ mother _____ father                    |
| <input type="checkbox"/> Have changed jobs frequently                    | <input type="checkbox"/> Have personally experienced physical abuse<br>By whom? _____<br>Did you seek help? _____ |
| <input type="checkbox"/> Been a victim of crime<br>Describe: _____       | <input type="checkbox"/> Have personally experienced sexual abuse<br>By whom? _____<br>Did you seek help? _____   |
| <input type="checkbox"/> Had sexual relationship with IV drug user       | <input type="checkbox"/> Have experienced one or more traumatic events during life<br>Describe: _____             |
| <input type="checkbox"/> Past sexual experience that troubled me         | <input type="checkbox"/> Have struggled with an eating disorder<br>Describe: _____                                |
| <input type="checkbox"/> Have often felt that I am different than others | <input type="checkbox"/> Have engaged in behavior that involved injuring self<br>Describe: _____                  |
| <input type="checkbox"/> Have struggled with managing anger              | <input type="checkbox"/> Have a physical/functional disability  |
| <input type="checkbox"/> Have struggled with impulsive behavior          | <input type="checkbox"/> Have experienced significant loss (death, divorce, illness, etc.)<br>Describe: _____     |
| <input type="checkbox"/> Have struggled with low self-esteem             | <input type="checkbox"/> Have struggled with depression or other mental health issues                             |
| <input type="checkbox"/> Others often turn to me for help or support     | <input type="checkbox"/> Substance use has interfered with marital/family relationships                           |
| <input type="checkbox"/> Have felt discomfort in social settings         |   |
| <input type="checkbox"/> Have struggled with sexual confusion            |   |
| <input type="checkbox"/> Have limited social or emotional support        |   |
| <input type="checkbox"/> Past/current unstable living situation          |   |
| <input type="checkbox"/> Currently have pending legal issues             |   |
| <input type="checkbox"/> Have history of legal involvement               |   |
| <input type="checkbox"/> Have changed jobs frequently                    |   |
| <input type="checkbox"/> Been a victim of crime                          |   |



# rosecrance Admission Self-Assessment (continued)

Name \_\_\_\_\_

Do you have family/friends who support your decision to enter treatment? Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been in substance-abuse treatment services before? Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Since you started using substances, please describe any successes you have had stopping for a while: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever attended 12-step meetings?  No  Yes: Describe: \_\_\_\_\_  
Ever had a sponsor?  No  Yes: Describe: \_\_\_\_\_

Please check all of the following that apply regarding your feeling about coming here for treatment services:

- I don't think I have a substance abuse problem.
- I feel forced to do this by another person.
- I feel I can get some help by doing this.
- I have already started making changes.
- I don't want to be here.