

HOPE for RECOVERY
(of D'Amico & Associates in Counseling, LLC)

DUI & Substance Abuse Related Services
Services for Children and Adults
www.DAmicoCounseling.com

15750 S. Bell Road, Suite 1A
Homer Glen, IL 60491

Hours by Appointment Only
(855) 223-HOPE

DUI & Substance Abuse Treatment Intake

Name: _____ Date: _____

Last 4 of SS# _____

Section I: Demographic Information:

Driver's License #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Cell Phone #: _____

E-Mail: _____

Date of Birth: _____ Sex: _____

Race: _____

Hispanic Origin: Yes No Specific Hispanic Origin: _____

Primary Language: _____ Other Languages Spoken: _____

Marital Status: Single Married Divorce Widowed

Highest Degree Completed: _____

Employment Status: Full-time Part-time Self-Employed Unemployed

Occupation: _____

Annual Household Income: _____ Number of Dependents: _____

Physical or Mental Disabilities: _____

Religious Preference: _____

Emergency Contact Person: _____

Emergency Contact Telephone #: _____

Employers Name: _____ Phone #: _____

Who referred you to Hope for Recovery? _____

Please provide us with a significant other we are able to interview

Name: _____ Phone #: _____

By signing below you are allowing Hope for Recovery staff to contact the person listed above to discuss your alcohol and substance abuse history, use, and matters related to your DUI arrest or substance abuse treatment.

Signature: _____ Date: _____

Section II. Current DUI Arrest:

Date of current arrest: _____ Time of current arrest: _____

State & County of current arrest: _____

Please state what you had to drink or any drug you had used prior to your current arrest:

Amount of drugs or alcohol were consumed prior to the current arrest:

At what time(s) did you consume the consumed drugs or alcohol prior to your current:

Section III: Alcohol & Drug Related Legal & Driving History

Please list all driving and drug/alcohol related arrests:

Date of Arrest: _____ State/County of Arrest: _____ BAC Level: _____

Date of Arrest: _____ State/County of Arrest: _____ BAC Level: _____

Date of Arrest: _____ State/County of Arrest: _____ BAC Level: _____

Date of Arrest: _____ State/County of Arrest: _____ BAC Level: _____

Do you have any boating or snowmobile under the influence arrests, including those received out of state?

Yes No

If yes, please list these arrests:

Date of Arrest: _____ State/County of Arrest: _____ BAC Level: _____

Date of Arrest: _____ State/County of Arrest: _____ BAC Level: _____

Do you have a lawyer? Yes No

If yes, who is your attorney? _____

Attorney Address: _____

Attorney Phone #: _____

By signing below you are releasing Hope for Recovery staff to discuss your DUI evaluation or treatment status and progress with your attorney.

Signature: _____ Date: _____

Section IV. Alcohol & Drug Use History

Please list all current prescription and over-the-counter medications you are using along with their dosage:

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Medication: _____ Dosage: _____ Frequency: _____

Please give a brief history of your drug and alcohol use since the first age of use to present:

Please list dates and locations of previous in and outpatient substance abuse treatment:

Facility: _____ Location: _____ Dates of treatment: _____

Facility: _____ Location: _____ Dates of treatment: _____

Facility: _____ Location: _____ Dates of treatment: _____

Facility: _____ Location: _____ Dates of treatment: _____

Please list any self-help or support groups you regularly attend:

Group: _____ Location: _____ Last date of attendance: _____

Group: _____ Location: _____ Last date of attendance: _____

Section IV.I. Home and Social Environment:

Do you have any child care needs? _____

Are you a veteran or served in the military? Yes No

If yes, describe: _____

Are you currently receiving public assistance? Yes No

If yes, describe: _____

Are you having Financial Problems? Yes No

If yes, describe: _____

Are you currently having any family problems related or unrelated to recent arrest?

Yes No

If yes, describe: _____

Are you currently having any social problems related or unrelated to recent arrest?

Yes No

If yes, describe: _____

Are you currently having any work problems related or unrelated to recent arrest?

Yes No

If yes, describe: _____

Are you currently having any physical or health problems related or unrelated to recent arrest? Yes No

If yes, describe: _____

