

When was the last time you used Alcohol? Date? _____

How often did you use alcohol? _____

Medical problems: _____

Allergies: _____

Dr. 's name (if applicable) _____

Phone # _____

Medications/Dose-How many times a day: _____

Mental Health Diagnosis-List all and what medications were prescribed and dose

What medications are you prescribed that you are not taking? Last time taken

Date of last Well Woman Exam (Pap) _____

Date of last Physical _____

Date of last Blood Work _____

Parole/ Probation officer _____
Address _____ Phone # _____

List every charge you have had and When-List current first:

Felony or Misdemeanor

Felony or Misdemeanor

Felony or Misdemeanor

Felony or Misdemeanor

Felony or Misdemeanor

Felony or Misdemeanor?

Do you have any pending court cases, dates and where are they located?

What is your probable date of release from Jail/ Treatment Center? _____

Do you have a diploma? ___ GED? _____ Are you interested in getting one? ___

Are you on SSI? _____ Disability? _____ Any other source of income? _____

Food stamps? _____ Last time received Food stamps _____

Do you have a checking account? ___ Amount _____ Savings? ___

Amount: _____

Would you be able to open a checking account? _____

Do you have any outstanding Fines or Court cost? _____

USE THIS PAGE TO TELL US ABOUT **YOU!!**
YOUR GOALS AND PRIORITIES
AND WHAT **YOU** WANT
FROM THIS PROGRAM

Discipleship House
Questionnaire

1. What are your feelings about participating in this Biblically based program for self-improvement? _____

2. Describe your family background with Drugs, Alcohol, and Mental Health- Your relationship with each:
Mother _____

Father _____

Siblings _____

Husband (if applicable) _____

3. What specific things do you hope to learn and accomplish through this program? _____

4. Are you married? Yes / No (circle one)
If married or in a relationship with someone, what is your relationship with that person (abusive, supportive, non-existent, describe: _____

5. Do you have children Yes/No How many and what are their names and ages? _____

Who will take care of minor children while you are in this program? _____
Relationship? _____ Phone number _____

6. Are you pregnant or think you be? Y/N

7. Have you been abused? Yes/No Battered Yes/ No Molested Yes/ No
Ages at which each occurred? _____

8. How do you feel about being incarcerated for the crimes(s) for which you were convicted? _____

9. How do you respond to Rules and Structure? _____

10. Are you willing to get a job and work full-time? _____