

Project CRASH
Impaired Driver Rehabilitation Program (IDRP)
Residential Weekend Option
 (802) 488-6151

INTAKE QUESTIONNAIRE

Please complete all questions. Missing information can delay enrollment.

Indicate which Weekend You Wish To Attend: _____ Alternate: _____

Name (exactly as it appears on drivers license) _____

DOB: (mo / day / yr) _____

Street Address: _____ City: _____

Mailing Address (if different than above): _____

State _____ Zip _____ Phone #'s _____

Please circle one: Male or Female

Present Marital Status (circle one): Single Married Separated Divorced Widowed Other

Do you have children? _____ How many? _____ Do they live with you? _____

Emergency contact person _____ Phone #s _____

Family physician (name and address): _____

Have you ever been hospitalized? Yes No Have you ever had a serious injury? Yes No

If yes, please explain _____

List any medical issues we should know about (heart, diabetes, seizures, serious injuries etc)?

Please list any medications taken in the last year. _____

Please list medications you will be bringing to the CRASH Weekend and the doctor who prescribed them. _____

Do you use alcohol or drugs other than prescribed now? (list) _____

Do you consider yourself to be in recovery for alcohol or other drug problems? Yes / No

Do you currently attend self-help groups? _____

Other information you want us to know about you: _____

Use other side if necessary