

HOWARDCenter/Project CRASH  
WEEKEND RESIDENTIAL PROGRAM  
INTAKE QUESTIONNAIRE

Weekend you wish to attend \_\_\_\_\_

Legal Name (*as it appears on driver's license*) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Please circle one: Male Female Date of birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Occupation \_\_\_\_\_ How long? \_\_\_\_\_

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

Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_ Do they live with you? \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone # \_\_\_\_\_

NAME AND ADDRESS OF FAMILY PHYSICIAN: \_\_\_\_\_

Have you ever been hospitalized? \_\_\_\_\_ Have you ever had a serious injury? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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Do you have any medical problems (heart, diabetes, seizures, etc)?

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Please list any medications taken in the last year. \_\_\_\_\_

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Please list medications you will be bringing to the CRASH residential weekend and the name of the prescribing doctor.

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Do you use alcohol now? (Circle) **Y** **N** Have you ever attended AA and/or NA? **Y** **N**

Do you currently attend AA and/or NA regularly? **Y** **N** \_\_\_\_\_

Personal information: How many DUIs, reason for entering program, living situation, treatment programs, etc. (*use back of form if needed*).