



Liberty Place Recovery Center for Women

A Program of Kentucky River Foothills Development Council, Inc.

**PLEASE FAX COMPLETED SCREENING TO (859) 625-0188 OR
EMAIL TO TSTILWELL@FOOTHILLSCAP.ORG**

Please advise the caller that we are required to report child abuse, adult abuse, and domestic violence if we receive this information.

(S.O.S.) Screening Sheet

Date of Screening _____ Time _____

Last Name First Name Middle Initial

DOB ____/____/____ Age _____ Social Security Number: _____

Current Address

Is this a safe environment? ____ Yes ____ No (If no, please explain) _____

Address calling from (i.e., Eastern State Hospital)

Phone Number _____ Do you own/lease apartment/trailer/house? ____ YES ____ NO

What is your yearly income? _____ Are you married? ____ YES ____ NO

Legal Issues

Are you court ordered to this program? ____ YES ____ NO

Do you have any legal issues at this time? ____ YES ____ NO

If yes, please explain. _____

Do you have any outstanding warrants ____ YES ____ NO

Do you have any upcoming court dates _____ YES _____ NO

If yes, what date and reason(s)? _____

Are you currently seeing a probation/parole officer? _____ YES _____ No

If yes, officer's name and phone number: _____

Have you been arrested for a misdemeanor? _____ YES _____ NO

If yes, list: _____

Have you been arrested for felonies? _____ YES _____ NO

If yes, list: _____

Medications

Are you on any medications? _____ Yes _____ NO

If yes, what? _____

If you are not taking your medications, or have stopped without your doctor's order, why? _____

You must bring a 30 day supply of your current medications. Do you agree to do that? _____ Yes _____ NO

Substance Abuse Assessment

Can you recall the last time you've used any drugs or alcohol? _____ Yes _____ NO If yes, when _____

2nd screening-Can you recall the last time you used any drugs or alcohol? _____ Yes _____ No If yes, when _____

3rd screening Can you recall the last time you used any drugs or alcohol? _____ Yes _____ No If yes, when _____

During the last 24hr period that you used, what substance did you use, how did you use, and how much did you use? _____

Primary drug of choice? _____

Secondary drug of choice? _____

Third drug of choice? _____

What age were you when you started using drugs and/or alcohol? _____

How long have you been using drugs and/or alcohol? _____

Medical History

Have you ever experienced any of the following?

DT's ___YES___NO If yes, when was your last episode? _____

Seizures ___Yes___No Diagnosed epileptic ___YES___NO Drug Induced ___Yes___No

Last seizure? _____

Heart disease ___YES___NO

Diabetes ___Yes___No

High B/P ___YES___NO

Hepatitis A/B/C ___Yes___No

Low B/P ___Yes___NO

Liver Problems ___YES___NO

Stomach Ulcers ___YES___NO

Any other medical issues? _____

Have you ever been tested for tuberculosis? ___YES___NO

If yes, date? _____ Results? + or - Last X-Ray date? _____

Do you have any physical problems (i.e., chronic back pain, migraines, arthritis) ___YES___NO

If yes, what are they? _____

Do you have any physical disabilities? ___YES___NO

If yes, can you care for yourself without physical assistance? ___YES___NO

When was your last period? _____

Are you pregnant? ___YES___NO

Do you have children? ___YES___NO

If yes, number of children _____ and ages _____

Where are your children now? _____

Mental Health Assessment

Have you ever been treated for any mental health problems (like depression, PTSD, schizophrenia, or anxiety) in the past? ___YES___NO

If yes what was the diagnosis or problem? _____

Have you ever been in a psychiatric hospital or facility? ___YES___NO

If yes, can you recall where? _____

Have you ever attempted suicide in the past? ____YES____NO

If yes. When was your last attempt, and how did you try?_____

Do you currently feel like hurting yourself? ____YES____NO

If the individual answers yes, inform them that they need to go to a safe place and that we are required to call the police to report that the individual has stated she feels like hurting herself.

Has client been informed of program fees? ____Court order fee____Income such as SSI____Out of state fee

If client is homeless, and not in a safe environment, tell them to call back on the next working day for expedited admission date.

Screening Completed By: _____

Assessment for SOS Staff

Is the client appropriate? ____YES____NO

Do we have a bed available at this time? ____YES____NO