

Transformational Living Ministries Intake Form

Welcome to the TLM intake wizard

Click next to begin!

General

Tell us about yourself

What is your first name?

What is your middle name? *No middle name? Move on to the next question.*

What is your last name?

When is your birthdate?

What is your race/ethnicity?

What is your gender?

What is your marital status?

Are you a veteran?

How many Children do you have?

Do you have a current DCS case?

If Yes, DCS contact info:

Contact Information

How can we reach you?

What is your email address?

At what phone number can we best reach you at?

Street Address:

City:

State:

Zipcode:

Contacts

Give us a few people that we can reach out to in case of an emergency.

Contact 1

Contact Name:

Contact Phone:

Contact Email:

Contact Kind:

Contact Notes:

Insurance

Enter your insurance provider(s).

Insurance 1

Insurance Name:

Insurance Plan:

Insurance Group:

Insurance Policy Number:

Insurance Other:

Medical History

Tell us about your medical history.

When was your last relapse date?

What is your substance(s) of choice?

Add multiple by clicking in the box and selecting different options

Have you been clinically diagnosed with anything?

Add multiple by clicking in the box and selecting different options

Do you have any health problems?

Add multiple by clicking in the box and selecting different options

What kind of meetings do you attend?

Add multiple by clicking in the box and selecting different options

What allergies do you have?

No allergies? Move on to the next question.

Have you had any of the following tests?

Medications

List the medications you are currently prescribed.

Medication 1

Medication Name:

Medication Dosage:

Medication Quantity:

Medication Category:

Medication Frequency:

Medication Md:

Medication Notes:

Medication Pill Count:

Medication Discontinued At:

Treatment Centers

Tell us about any treatment centers you've previously been admitted into.

TreatmentCenterHistory 1

Treatment Center Name:

Treatment Center Street Address:

Treatment Center City:

Treatment Center State:

Treatment Center Zip Code:

Treatment Center Started At:

Treatment Center Ended At:

Treatment Center Notes:

Treatment Center Kind:

Treatment Center Reason For Discharge:

Client Referral Source

Who referred you to us?



Occupancy

Are you incarcerated?

If so Where?

Are you currently in Treatment?

If So Where?

When will you be released?

Sober Living History

Tell us about any sober livings you've previously been admitted into.

SoberLivingHistory 1

Sober Living Name:

Sober Living Description:

Sober Living Street Address:

Sober Living City:

Sober Living State:

Sober Living Zip Code:

Sober Living Admitted At:

Sober Living Discharged At:

Sober Living Estimated Length Of Stay:

Sober Living Reason For Discharge:

Employment

Tell us about your employment status.
If you're currently unemployed select "unemployed" under "type"

EmploymentHistory 1

Employment Employer:

Employment Position:

Employment Income:

Employment Started At:

Employment Ended At:

Employment Kind:

Employment Notes:

Living Arrangement

Tell us about your living arrangement prior to moving into this facility

LivingArrangementHistory 1

Living Arrangement Arrangement:

Living Arrangement Started At:

Living Arrangement Ended At:

Living Arrangement Notes:

Legal History

Tell us about current and past Legal issues

Do you have any pending charges? Yes

If yes, what are they?

Any pending court dates? Yes Dates?

Are you on Probation/Parol? Yes IF yes, County? Officer?

Do you have past felonies? Yes If yes, tell us about them. |