

BBH Renaissance House Addiction Services Pre Admission Form

Name		
Address		
Phone # (Guardian)		
DOB		
SS#		
Insurance Information		
Presenting Concerns		
Living Situation		
	Family members	
	Family Relationships	
	Family Information	
Legal History		
	Custody	
Treatment History		
Substance Use History		
	Alcohol Abuse	

	Substance Abuse	
Psychiatric		
	Medications	
Trauma		
Self-Harm		
	Cutting, etc.	
Fire-starting, Bullying, etc.		
Anger Management		
Mental Health		
Medical		
	Allergies	
	History of seizures	
	Medications	
Disability		
Social		
	Friendships	
	Activities	

	Supports	
	Religion	
	Cultural	
Sexual		
	Preference	
	Active in Past	
	Recent	
	Describe	
Developmental History		
Education Information		
	School	
	Needs	
	Functioning	
	Attendance	
	Retentions	
	Suspensions	
	Behavioral	

	IEP	
Employment		
Goals		
Strengths		
Barriers		

Date :

Signature :