



Specialized  
Outpatient  
Services, Inc. ©

Outpatient Substance Abuse, Drug Testing, and DUI Services

5208 N. Classen Circle OKC, OK 73118

www.okcsos.com

Phone: 405-810-1766 Fax: 405-810-0331

## AMETHYST HOUSE INTAKE APPLICATION FORM

### General Information: (PLEASE PRINT)

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

S. S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License/State ID: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnic Background: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Cell #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Alt. #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

House Option: \_\_\_\_ Sober House Only \_\_\_\_ Sober House w/OP \_\_\_\_ Sober House w/IOP

### Who to Call in Case of Emergency: (PLEASE PRINT)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Status: (PLEASE PRINT)

Veteran: \_\_Y\_\_ N (Branch: \_\_\_\_\_) Referred By: \_\_\_\_\_

Are you on: Probation: \_\_\_\_ Y, \_\_\_\_ N DHS Involved: \_\_\_\_ Y, \_\_\_\_ N Court Involved: \_\_\_\_ Y, \_\_\_\_ N

DHSCW, PO, Etc.. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Lived at SOS Sober Living Home before? \_\_\_\_\_ When/Where? \_\_\_\_\_

Physical Condition at Entry: \_\_\_\_\_

Emotional/Mental Condition at Entry: \_\_\_\_\_

### Requested Level of Services in House:

\_\_\_ Level 1- Sober House Only (\$100 per wk) \_\_\_ Level 2- Outpt. (\$125 per wk) \_\_\_ Level 3- IOP (\$160 per wk)

### I'm taking the following: (PLEASE PRINT)

Medication(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Reason for Medication(s): \_\_\_\_\_

### Drug/Alcohol and Background History: (PLEASE PRINT)

Drug(s) of Choice: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Most Recent Drug(s) Used: (including Alcohol) \_\_\_\_\_, \_\_\_\_\_ Date of last Use? \_\_\_\_\_

1. What is your first and second drug of choice? \_\_\_\_\_, \_\_\_\_\_

2. How old were you when you first used drugs/drank? \_\_\_\_\_

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3. Have you ever been in a D/A Treatment Center?  Y,  N Where/When? \_\_\_\_\_
4. Have you ever been in a halfway house?  Y,  N Where/When? \_\_\_\_\_
5. What is your highest level of education?  
 High School Graduate  College/University  
 GED  Other (Please explain) \_\_\_\_\_
6. Have you ever been in prison?  Y,  N Where/When? \_\_\_\_\_ # of times? \_\_\_\_\_
7. Have you ever been ARRESTED for a sex crime or arson? YES \_\_\_\_\_ NO \_\_\_\_\_, When? \_\_\_\_\_
8. Where did you live in before moving here? (Place/City/State) \_\_\_\_\_
9. Are you employed? If yes, what kind of work do you do? \_\_\_\_\_
10. What are your means of transportation? \_\_\_\_\_
11. What is your source of income? \_\_\_\_\_
12. (Check ONE): Are you  Married  Single  Divorced  Separated
13. Have you ever received any DUI's or DWI's? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many \_\_\_\_\_
14. What kind of problems has drinking and/or drug use caused you? \_\_\_\_\_
15. Do you have any problems with rules or authority? \_\_\_\_\_
16. Are you prejudiced towards any ethnic group or race? \_\_\_\_\_
17. What kind of medical problems (physical) have you been or are you being treated for? \_\_\_\_\_  
\_\_\_\_\_
18. What kind of psychological problems (emotional) have you been or are you being treated for? \_\_\_\_\_  
\_\_\_\_\_
19. Have you ever considered suicide?  Y  N If so, how long ago \_\_\_\_\_, Did you have a Plan?  Y  N
20. If you answered yes to question #18, did you seek counseling or get help at that time?  Y  N
21. Are you having any thoughts of harming your self now?  Y  N

**(If you answered "yes" to any of the above, were you under the influence at the time?  Y  N)**

**By signing below I am stating that my answers to the above questions have been truthful and accurate and understand that if I have been dishonest in any of my responses I could be evicted from the house.**

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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