



Specialized
Outpatient
Services, Inc. ©

Outpatient Substance Abuse, Drug Testing, and DUI Services

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AMETHYST HOUSE NEEDS SCREENING FORM

In Your Own Words:

I need help with the following:

- | | | | | | |
|---|---|--|---|---|---|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Education | <input type="checkbox"/> Hygiene | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Paying Rent/Utilities |
| <input type="checkbox"/> Shopping & Meal Preparations | <input type="checkbox"/> Substance Abuse Services | <input type="checkbox"/> Securing Benefits | <input type="checkbox"/> Opening a Bank Account | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Health and Wellness Services | <input type="checkbox"/> Money/Debt Management | <input type="checkbox"/> Taking Medication as Prescribed | <input type="checkbox"/> Relapse Prevention | | |

Do you attend AA/NA? Y N When/Where did you last attend? _____

What do you think is your biggest or most challenging issue? _____

Are you interested in maintaining a sober lifestyle? Y N Not sure

What are the relapse triggers you can recognize? _____

What are your strengths? _____

What are your short-term goals? _____

What are the barriers to your goals? _____

What specific assistance or support would best help you to reach these goals? _____

Is there anything else you can tell us about yourself that would assist us in helping you meet your goals? _____

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Educating Our Community * Saving Our Families * Proving Treatment Works