

Cassell House Assessment Form

Name: _____

Date: _____

1. Do you have any health problems?

2. Are you taking any medications, and what for?

3. Have you been diagnosed with any mental health issues? If so, what are they?

4. How old were you when you started using?

5. How long have you been in Addiction treatment?

6. What brought you to treatment?

7. How many treatment programs have you been in? _____

8. Where and When?

9. Would you be willing to allow us to get your clinical records from these treatment facilities for the purposes of helping you? _____

10. What made you choose Cassell House to apply for Transitional Housing?

11. Have you read the Program Overview? _____

12. How do you feel about the structure of the program?

13. What kind of work can you do?

14. What kind of work will you do?

15. Where have you been working most recently?

16. Where were you living before treatment?

17. Are you married? Do you have dependant children? (Names, Ages)

18. What is the status of the relationships with your family? (Parents, Wife, Siblings, Children)

19. Do you have any pending legal issues or court dates? If yes, where and when:

20. Are you on Probation or Parole? If yes, PPO's Name and telephone number:

21. If you are on Probation or Parole, what was the offense and how long will you be on probation?

22. How do you deal with situations in which you do not get your way?

23. What is your impression of AA or NA?

24. Do you work well within a group?

25. What have you had as hobbies in the past?

26. What activities do you like to do?
