

**CIRCLE PROGRAM
ADMISSION QUESTIONNAIRE
PLEASE PRINT LEGIBLY**

Psychiatric diagnoses (use official DSM V Diagnoses) Attach a psychiatric evaluation done in the last 12 months	What medications?	Taking now?
Mental Illness Diagnosis:		
Personality Disorder Diagnosis:		

Medical Information:
Please list any past or current medical conditions: _____

Please list any medical durable equipment such as: Oxygen, C-PAP, Glucometer, etc:

List all current medication(s) and dosages: _____

Is client pregnant? Y / N N/A

Special accommodations for physical activities? Y/N If yes, specify: _____

Legal Information	No	Yes	If yes, explain:
Probation, <i>if yes</i> , include copy of terms & conditions and police reports of crime.			
Parole, <i>if yes</i> , include copy of terms & conditions and police reports of crime.			
Hold orders			
Duty to warn			
Restraining order			
Pending charges			
Will serve jail/prison time after treatment at Circle			

Treatment plans	Name of provider, agency, address, phone number
Who will be providing substance abuse treatment while person is awaiting admission to Circle?	
Who will be providing mental health services while person is awaiting admission to Circle?	

Discharge plans after completion of Program:

Where will the client live? _____ Phone: _____

Address: _____

If homeless, on what housing or placement lists has person been placed? _____

