

CRDC / NEARRC

DEMOGRAPHIC INFORMATION:

Applicant – Full Name: _____ SSN: _____
Address: _____ Phone #: _____
City, State, Zip Code: _____
Sex: _____ DOB: _____ Race/Ethnicity: _____
Education Level: _____ Marital Status: _____
Occupation: _____ Employment Status: _____
County of Residence: _____

EMERGENCY CONTACT:

Name: _____ Relation: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____

INSURANCE:

Medical Insurance: Yes ___ No ___
Company: _____ Policy and Group #: _____

HISTORY OF SUBSTANCE ABUSE:

Substance: _____	_____	_____
How Often: _____	_____	_____
How Much: _____	_____	_____
Date of Last Use: _____	_____	_____
By IV?: _____	_____	_____
Age of First Use: _____	_____	_____
Length of Abuse: _____	_____	_____

Do you now have or have you ever had:

Describe/ Explain:

1. Epilepsy?
2. Body Parts Paralyzed
3. Medical Disabilities
4. Are you pregnant

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

Strength:

Frequency:

Purpose:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HEALTH STATEMENT:

Describe in your own words the current state of your overall, general health:

MENTAL HEALTH HISTORY:

Have you received mental health or substance abuse treatment in the past? (If so, where/when/what for? Please include any mental health diagnoses):

Are you currently under any outpatient care? (If so, where?):

LEGAL:

Do you have any prior violent charges/convictions? (If yes, please explain.):

Are you required to register as a sex offender? (Yes/No):

SELF-HARM HISTORY:

Do you have any previous suicide or self-harm attempts? (If so, please explain each attempt including when it happened):

I attest that all the information above is factual and accurate.

Signature: _____

Date: _____

add intake@crdcnea.com

email to multiple users
megan joe holly stacy alicia