

Today's Date _____

Important: This is a **CONFIDENTIAL** questionnaire to help Maryville determine the best treatment plan for you. Please fill in all areas as completely as possible. It will be given to a Counselor during your assessment appointment. Please print clearly.

First Name _____ Last Name _____

Address _____ (Check if homeless) _____

City _____ State _____ Zip Code _____

Phone (____) _____ Email _____

Date of Birth ____ / ____ / ____ Gender ☐ Male ☐ Female ☐ Other _____

Social Security Number _____ Marital Status ☐ Single ☐ Married ☐ Partner

Driver's License # _____ US Citizen or Legal Resident ☐ Yes ☐ No

Race: ☐ Black/African American ☐ Asian ☐ White ☐ Puerto Rican ☐ Mexican ☐ Cuban

☐ Russian ☐ Pacific Islander ☐ Native American ☐ Middle Eastern ☐ Indian ☐ Other ☐ Decline _____

What is the primary substance you are seeking treatment for? _____

Are you a Veteran? ☐ Yes ☐ No

Are you able to read and write the English language? ☐ Yes ☐ No

What is the highest grade completed in school? _____ Do you have a HS Diploma or GED?

Primary Language _____ Secondary Language _____

Sexual Orientation: ☐ Bisexual ☐ Heterosexual ☐ Homosexual ☐ Questioning ☐ Decline

Preferred Pronoun ☐ She/her ☐ He/him ☐ They/them

Do you require accommodations: ☐ Hearing Device ☐ Wheel Chair ☐ Other _____

Who referred you? _____ Organization _____

Are you currently on Methadone? ☐ Yes ☐ No

Are you receiving Methadone, Suboxone, or Sublocade at any other facility at this time? ☐ Yes
☐ No

If yes, where? _____

Emergency Contact Name _____

Address _____

Phone _____ Relationship _____