

Grace House Prescreen Form 2026

Portland, Maine 04103. Tel: (207)-831-3779 Fax: (207)-612-7415 Date:

Name Legal/Preferred: _____ Location: _____ Contact: _____

Gender ID: _____ Pronouns: _____ Marital Status _____ Birth Date: ___/___/___ Sobriety date? ___/___/___

SS# _____ MaineCare ID# _____ Cell phone# _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency contact(s), **Ph# & relation:** _____

Why do you want treatment? _____

Substances used with amount, frequency&length of time used: _____

Do you take any addiction medications? _____ Allergies _____

How is your current physical health? _____ Date of last physical _____

Do you have any open wounds? Y/N Dental infections? Y/N Challenges with mobility? Y/N Recent illness? Y/N

Chronic medical conditions that require regular visits with specialist/PCP?_ Y/N _____

Significant Health History (diagnoses, injuries, allergies, surgeries, TBI, etc) _____

Can you walk mile? Y/N Climb/ascend stairs? Y/N Do chores? Y/N Lift your own laundry? Y/N Top bunk? Y/N

Are you able to do your own personal care? Y/N Are you Pregnant?_Y/N

Current PCP Dr _____ Mental Health Provider _____ Med mgmt. provider _____

Medications, Reason, Dose, Frequency, Prescriber (use back if needed) _____

Mental Health Diagnoses and treatment history: _____

Current mental health symptoms: _____

Any recent thoughts of self harm? Y/N Any history of harm or attempts? If yes please provide _____

History of violent behavior? If yes please provide _____

History of disordered eating? Y/N Do you have any developmental delays or cognitive difficulties? Y/N If so please explain: _____

Drug(s) of choice? _____ Method use? _____

When was longest period of recovery? _____ What helped to recover? _____

Treatment for SUD/mental health/sober living before? **Where/when/how long did you stay** and then length of sobriety time after discharge?: **Please be specific with dates and use back of paper if needed:** _____

Please identify triggers to using _____

On a scale of 1-10 **without treatment**, how do you rate your ability to abstain from using substances? _____

Have you ever done self-help groups (AA/NA)? Y/N Are you willing to participate in 12 step work? Y/N

Do you have any other compulsive behaviors (shoplifting, eating, sex or gambling)? Y/N _____

Legal Issues (past/present charges, probation, court dates, warrant, fines, license revocation, etc): _____

Are legal issues related to risky SUD behavior? _____

Probation Officer name & phone: _____

Please report other risky SUD-related behaviors (driving while intoxicated, physical altercations, unsafe sexual encounters, sharing needles, other illegal activity): _____

Are you at imminent risk of severe consequences associated with substance use without intervention? (Loss of parental rights, incarceration, significant health deterioration, victimization, overdose) _____

Please identify any current supports that help with avoiding substance use: _____

In a relationship? How long? _____

Any children? _____ DHHS Involvement? Y/N Case worker _____

Cultural preferences/religious or spiritual beliefs: _____

Current housing status: _____

Risks in living environment: Unsafe people? Y/N Access to substances ? Y/N illegal activity ? Y/N Unhoused? Y/N

When actively using did you have deficit of managing daily obligations such as hygiene, taking medications, attending appointments, completing household tasks, or meeting work/school/parenting-related responsibilities? Y/N

Will structure and routine assist you to develop self care and responsibility? Y/N

Do you get along well with others? Y/N If no, is it associated with substance use? Y/N

Are you willing to exercise, complete clinical groups, recovery work, and volunteer? Y/N

Do you like dogs and chickens? Y/N Are you willing to contribute to their care? Y/N

Do you take feedback well? Y/N Ask for support when you are struggling? Y/N

Are you willing to learn and apply communication skills? Y/N

****We require commitment to work through our troubles in order to heal****

Checklist: Must participate No electronics/phone/visits/guys/jobs until earned. Initial if you agree _____

ONLY TWO medium bags of clothes, towels & toiletries (if you have them) allowed. If you need clothing, please list size for bras _____ underwear _____ shirts _____ pants _____ jeans _____ sweatshirt _____ jacket _____ sneakers _____

Do you have SNAP card? Y/N _____ ID? Y/N Nicotine plan _____ If you are on disability are you willing to contribute to your room and board as MaineCare does not cover it? Y/N _____

****SIGNED PHYSICIAN REFERRAL NOTE WITH DIAGNOSES & MEDICATION ORDER FOR GRACE HOUSE AND MEDICAL/PSYCH/LEGAL RECORDS WILL NEED TO BE SENT PRIOR TO ADMISSION via FAX 207-612-7415**

*****Thank you for sharing this information! Please add anything you would like us to know?