



Recovery Matters Most (RMM) Workshop Intake Form

Name: Date:

Please fill out the information below as best you can.

Demographic Information:

Sex: F M Age:

Highest level of education:

Occupation: Ethnicity/Race:

Location: *(Where were you raised? Where do you now live?)*

Referral: *(Who referred you to Millennium?)*

Religion/Spirituality: *(How were you raised? What do you currently practice? How important is religion/spirituality to you?)*

Marital/Partner status: *(Include how many years together, previous marriages, cohabitation, and briefly describe your relationship with your partner.)*

Children: *(Include names, ages, sex, and briefly describe your relationship with each child.)*

Subjective units of discomfort scale (SUDS)

Identify uncomfortable emotions you have had over the past two weeks and would like to decrease in intensity. Assign each emotion a number ranging from 0 [none] to 10 [will kill myself or have panic attacks] e.g. Depression = 8.

Emotion: **SUDS:**

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Presenting Problem: *(Briefly describe why you are attending this workshop.)*

What is your most negative thought about yourself?

What do you like best about yourself?

Are there any specific behaviors or patterns that you would like to change?

Medical History

Last physical: *(Include any medical problems, such as thyroid, heart, blood pressure, head trauma, strokes, etc.)*

Exercise: *(Include how much and how often.)*

Sleep: *(Any sleeping problems? How long?)*

Medication: *(Include name, dose, and when taken.)*

Alcohol use: *(How much? How often?)*

Nicotine use: *(How much? How often?)*

Street drug use: *(Which drug? How much? How often?)*

Sexually transmitted diseases:

Addictions: *(Consider prescription drugs, street drugs, alcohol, sex, food, gambling, work, etc.)*

Psychiatric history: *(Include WHEN, WHERE and WHY you sought counseling and WHAT was the outcome.)*

Family History

Father: Age: Education:

Occupation: Addictions:

Relationship with you during childhood: *(Include how he disciplined you, how he showed affection, and how much time he spent with you.)*

Mother: Age: Education:

Occupation: Addictions:

Relationship with you during childhood: *(Include how she disciplined you, how she showed affection, and how much time she spent with you.)*

Parents' relationship: *(Include how they showed affection to each other, how they resolved conflicts. Divorce? Remarriage?)*

Siblings: *(Include education, occupation, addictions, marital status and describe your childhood relationships with each other. Do you have step- or half-siblings?)*

Social History *(Briefly describe what life was like for you at each stage. What kind of student were you? Did you have friends? What was it like at home?)*

Childhood:

Adolescence:

Adulthood: *(Also include jobs, important relationships, education, military, family problems, religious problems, legal problems, habits, etc.)*

Workshop Expectations

What fears or concerns do you have about the workshop experience?

What goals or expectations do you have for the workshop?

If you've been with us before, what was most memorable or meaningful to you in your prior RMM experience(s)?