

Recovery for Life
Affordable Substance Abuse Treatment Center
Providing Hope, Help, and Healing.

INTAKE & SCREENING – MILESTONE-BASED ASSESSMENT



Section 1 – Demographic Basic Information

Today's date: _____ Intake clinician: _____

Name: _____ DOB: _____ Age: _____

Street Address: _____

City, State, Zip: _____

Phone # _____ Email address _____

Emergency Contact _____ Phone _____

Employer _____ Phone _____

Referral source (check all that apply): ☐ **VASAP** ☐ **Self** ☐ **Family** ☐ **Court / Probation**

☐ **Attorney** ☐ **Employer** ☐ **Other:** _____

Name of the Referral: _____ Phone _____

Sexual Orientation: __ male __ female __ other _____

Are you a Veteran? __ yes, __ no Active Duty? __ yes, __ no

Educational History: __ completed high school, __ GED, __ trade certification.

Employment

I am currently employed by: _____

Labor/skills I possess: _____



Section 2 – Presenting Problem, reason for coming now (your own words):

Please explain the problem, issue, or complaint that brings you here today:

List up to 3 milestones (goals) you would like for us to help you achieve:

1. _____

2. _____

3. _____

Symptoms and recent triggers:



Section 3 – Previous Mental Health Diagnoses

Diagnosis	Explanation
-----------	-------------

- | | |
|---|-------|
| ☐ Anxiety | <hr/> |
| ☐ Depression | <hr/> |
| ☐ ADHD | <hr/> |
| ☐ Adjustment Issues: | <hr/> |
| ☐ PTSD | <hr/> |
| ☐ Other | <hr/> |

Behavioral Health Struggles (check and describe any that apply)

- | Concern | Explanation |
|--|-------------|
| ☐ Anger Management | <hr/> |
| ☐ Grief/bereavement | <hr/> |
| ☐ Gambling | <hr/> |
| ☐ Gaming | <hr/> |
| ☐ Pornography/Sexual | <hr/> |
| ☐ Social media/internet | <hr/> |
| ☐ Overeating/food | <hr/> |
| ☐ Other | <hr/> |

Behavioral Patterns: (check and describe any that apply)

- | Concern | Explanation |
|--|-------------|
| ☐ Sleep changes | <hr/> |
| ☐ Appetite Changes | <hr/> |
| ☐ Activity Levels | <hr/> |
| ☐ Daily Routine | <hr/> |
| ☐ Anxiety | <hr/> |
| ☐ Stress Management | <hr/> |

Current medications:

Name of Medication	Reason	Dose

Prior hospitalizations (psychiatric and/or substance use):**Date**

_____	_____
_____	_____

Philosophy of Care & Spiritual Integration

Our organization provides a specialized recovery curriculum grounded in the principles and framework of the original Twelve-Step model. Because this framework integrates spiritual elements, we believe in a holistic approach to recovery that acknowledges the role of a Higher Power.

By signing below, you acknowledge that your treatment plan may include discussions or curriculum modules that reference God and spiritual principles as fundamental components of the process. We respect the diverse backgrounds of all individuals; however, we ask that you verify your willingness to engage with this specific, faith-inclusive therapeutic model.

Client Agreement

"I understand that [Organization Name] utilizes a recovery model based on the original Twelve-Step approach, which includes the integration of spiritual principles, including the concept of God."

"I acknowledge that I am comfortable engaging in a recovery process that includes these spiritual elements and agree to participate fully in this curriculum."

_____	_____
Signed	Date

(If you are NOT here for legal, alcohol, or substance use-related issues, please skip to Section 15)



Section 4 – Current Legal/Court Status

Charges: _____ Date: _____ BAC _____
Probation officer: _____ Phone # _____
Attorney: _____ Phone # _____
Next court date: _____ Mandated sessions: _____

Arrest History:

Date	Reason	Outcome



Section 5 – Substance Use Snapshot History

A. Substance Use (in the past 12 months. Note: If you received a DUI, describe your use at the time you received it).

- ☐ **Alcohol:** Use pattern (how often/how much): _____
Age of First use: _____ Last use (date/amount): _____
- ☐ **Cannabis:** Use pattern: _____
Age of First use: _____ Last use (date/amount): _____
- ☐ **Stimulants** (e.g., cocaine, meth): Use pattern: _____
Age of First use: _____ Last use (date/amount): _____
- ☐ **Opioids** (pills, heroin, fentanyl): Use pattern: _____
Age of First use: _____ Last use (date/amount): _____
- ☐ **Benzodiazepines/sedatives:** Use pattern: _____
Age of First use: _____ Last use (date/amount): _____
- ☐ **Other substances** (specify): _____
Age of First use: _____ Last use (date/amount): _____

B. Onset and pattern – Drug of Choice

- Age at first use of **main substance**: Age: _____ Main Substance: _____
- Right now, on a typical week, I use/engage about _____ days of the week.

C. Impacts on life (check all that apply and briefly describe)

- ☐ Work/school problems _____
- ☐ Relationship conflict _____
- ☐ Legal trouble _____
- ☐ Money/debt _____
- ☐ Health problems _____
- ☐ Spiritual/emotional distress _____
- ☐ Other Consequences _____

D. Previous attempts to cut down or stop

- “What have you tried before?” _____
- “What helped, even a little?” _____
- “What didn’t work for you?” _____



Section 6 – Risk, Safety, and Support

A. Safety

- Any current thoughts of harming yourself? ☐ No ☐ Yes → Please Explain

- Any current thoughts of harming someone else? ☐ No ☐ Yes → Please Explain

- History of suicide attempts or self-harm? ☐ No ☐ Yes → When / what happened

- Overdose history (substances, approximate dates): _____

- Serious withdrawal history (seizures, delirium, etc.): _____

B. Family History of Substance Use / Mental Health Issues

- ___ Parents? ___ Grandparents? ___ Other

- Diagnoses (physical or mental):

C. Support system

- “Who is on your side when it comes to getting better?”
Name/role _____
Name/role _____
Name/role _____
- Support resources (check all that apply):
☐ Family ☐ Friends ☐ Partner ☐ Church/faith community
☐ Sponsor/peer support ☐ Recovery group ☐ Other _____

E. Living situation

- Where are you living right now?

- Is this environment: ☐ Mostly helpful ☐ Neutral ☐ Mostly harmful to my recovery efforts.
Brief notes: _____



Section 7 – Readiness and Motivation

A. My Readiness Ruler.

- “On a 0–10 scale, how ready are you to work on change right now?”

Not ready			Somewhat				Very Much			
Circle: 0	1	2	3	4	5	6	7	8	9	10
- “Why that number?” _____
- “What would make it one point higher in the next month?”

- “What do you LIKE about using the substance / the behavior?”

- “What do you NOT LIKE about it?”

- “I __ confirm __ deny that I have a substance use problem with _____”

B. Personal ‘Why’

- “If treatment really works for you, what would you like to see better in 6–12 months?”
(Examples: comply with court, return to driving, better relationships, improved work/school, peace, faith.)



Section 8 – Understanding Substance Use as a Mental Health Problem

Please read each and check mark all that apply.

- ☐ **“I continued using _____ even when it was clearly causing serious trouble.”** (Losing a license, job, or relationships and still continuing to drink or use can signal impaired judgment, denial, or deep emotional pain that needs assessment).
- ☐ **“I took big risks that don’t fit my usual personality.”** (i.e., driving after drinking or using an altering substance often means ignoring the dangers, which can be tied to depression, impulse-control issues, grieving a loss, or other mental health conditions).
- ☐ **“I was trying to ‘feel normal’ or ‘calm down.’”** (Many people drink or use drugs to _____ sleep, _____ to quiet racing thoughts, or _____ to numb sadness or anxiety, which points to untreated mental health symptoms rather than just “partying.”)
- ☐ **“I used a substance to cope with stress, not to celebrate.”** (Reaching for alcohol or drugs whenever life gets stressful suggests they may not have healthy coping skills and could be battling anxiety, trauma, or mood swings).
- ☐ **“I felt out of control and couldn’t stop when I wanted to.”** (Telling people, “I didn’t mean for it to go this far,” or “I keep saying I’ll cut back, but I don’t,” is a strong sign that something deeper than willpower is going on).
- ☐ **“I have changed in mood, sleep, and energy over time.”** (New patterns like _____ irritability, _____ isolation, _____ hopelessness, or _____ staying up all night and _____ sleeping all day often point to depression, anxiety, or bipolar-type issues under the surface).
- ☐ **“My substance use doesn’t match the size of the problem I was trying to solve.”** (Using heavily to solve life problems (a breakup, criticism, minor financial stress) shows an outsized reaction that often comes from untreated emotional disorders).
- ☐ **“The law got involved before I talked to a counselor or doctor for help.”**
(When the first “intervention” comes from police instead of a therapist, it usually means the emotional struggles have been ignored or hidden for a long time).
- ☐ **“I have a history of _____ trauma, _____ grief, or _____ abuse.”** (Many people with a DUI or drug charge are carrying old wounds, and drugs/alcohol become a way to block memories or feelings—an understandable but harmful mental health response).
- ☐ **“At times I feel ashamed and confused by my own behavior.”** (Saying “That’s not me” or “I don’t know why I did that” reflects a split between who they want to be and what they did—exactly the kind of inner conflict mental health treatment is designed to address).

Total Number of Boxes Checked _____

Which item concerns you the most? _____



Section 9 – Responsibility and Privilege Agreement

I understand and agree to the following: (please check each box unless you disagree)

- ☐ Participating in ASAT / Recovery for Life is a **privilege**, even when it is required by the court or involves a fee.
- ☐ Privileges with the court (such as driving and staying out of jail) are **not guaranteed** and must be **earned** through my choices and follow-through.
- ☐ I will **never drive a vehicle** after drinking alcohol or using any mind-altering or mood-altering substance.
- ☐ I must give a 24-hour notice if I will not be attending a group or individual appointment, or I may be charged for it.
- ☐ I will arrive on time.
- ☐ I will participate in the group.
- ☐ I will complete the weekly half sheet.
- ☐ I will do the weekly follow-up work in order to receive credit for my attendance.
- ☐ That ASAT/Recovery for Life is not a religious program, but that it does teach the basics of the original steps of Alcoholics Anonymous, so I ____ am, ____ am not comfortable with talking about God in my recovery.

Signature _____ Date _____

Printed Name _____

Relationship to Client _____



Section 10 – Alcohol Use Disorders Identification Test

Questions about your ALCOHOL use in the last year **OR** when you were drinking, answer for the time when you were drinking (at the time of your arrest). Place your answer's number under "score."

12 fl oz of regular beer = 8-9 fl oz of malt liquor (shown in a 12 oz glass) = 5 fl oz of table wine = 1.5 fl oz shot of 80-proof distilled spirits (gin, rum, tequila, vodka, whiskey, etc.) about 5% alcohol about 7% alcohol about 12% alcohol 40% alcohol Remember, ONE serving is .02 in the bloodstream 12 oz. beer = 5 oz. glass of wine = 1.5 ounces of liquor							
Place the number that best describes your alcohol use in the gray column at the right	0	1	2	3	4	SCORE 0-4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week		
How many drinks do you have on a typical day when you're drinking? (12 oz. beer = 4 oz wine = 1.5 ounces liquor)	1 or 2	3 or 4	5 or 6	7,8 or 9	10 or more		
How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
How often during the last year have you found that you were not able to stop drinking once you started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
How often in the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session the night before? (eye opener)	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, in the last year		
Has a relative, friend, doctor (or any other health worker) been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year		
TOTAL							



Section 11 – American Society of Addiction Medicine criteria

ASAM CRITERIA STATEMENTS		YES = 10 points
“I realize I have an alcohol or other substance abuse problem . (Getting a DUI, or arrest, is a problem).”		
“I have had serious consequences from drinking/substance use.” (arrest, jail, health, losses, etc.)		
“My BAC was a 0.15 or higher.” (or I refused the breathalyzer)		
“I had an offense before this one within the last 6 years .” (DUI, drunk in public, etc.)		
“I drank/used while I was in treatment or on probation.” (i.e., since enrolling in the ASAP program)		
“I have been to a detox, treatment , or a medical program before.” (due to substance abuse).		
“I’ve had one or more non-driving conviction/offense.” (drunk in public, possession, or other substance-related).		
“I had an interlock violation , or positive reading on a breathalyzer device or drug screen during ASAP.”		
“I got another alcohol or other drug-related conviction/offense.” (during the ASAP probationary period).		
“I have been using a substance that can be addicting .” (has the potential to lead to dependence).		
“I didn’t complete my treatment assessment as instructed by VASAP.”		
“I didn’t complete treatment as required by a prior treatment provider.”		
“People around me at home drink/use.”		
“People around me at work drink/use while at work.”		
“My life seems dysfunctional (out of control) from drinking/using.”		
“I shouldn’t have to stop drinking/using. No one can tell me I can’t have a drink/use drugs.”		
“I get/feel defensive when confronted about my use.”		
“I have an emotional reason to use.” (loss of a family member, bad mood, bad day, etc.)		
“I began alcohol / altering drug use at ___ years of age.” (if under 21, write in a score of 10)		
“Drinking/using has created other health issues .”		
TOTAL		

IF YOU DO NOT USE MARIJUANA, SKIP THE NEXT PAGE



Section 12 – Cannabis Use Disorder Identification Test

Have you used any cannabis over the past six months? YES / NO

If YES, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use *over the past six months*

1.	How often do you use cannabis?				
	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
	0	1	2	3	4
2.	How many hours were you “stoned” on a typical day when you had been using cannabis?				
	Less than 1	1 or 2	3 or 4	5 or 6	7 or more
	0	1	2	3	4
3.	How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?				
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	0	1	2	3	4
4.	How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?				
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	0	1	2	3	4
5.	How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?				
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	0	1	2	3	4
6.	How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?				
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	0	1	2	3	4
7.	How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children:				
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	0	1	2	3	4
8.	Have you ever thought about cutting down, or stopping, your use of cannabis?				
	Never	Yes, but not in the past 6 months		Yes, during the past 6 months	
	0	2		4	

CUDIT TOTAL _____

Note about cannabis use: While you are in the VASAP and ASAT program, you are on probation. No non-prescribed altering substances may be used. Marijuana may NOT be used unless prescribed by a true healthcare practitioner. It is both disrespectful and unacceptable for any participant to attend groups under the influence of any altering substances (at least 6 hours before group, medical marijuana use must cease).

Questions 1-7 = 0-4 point scale. 8 = 0, 2, 4 points

8 or -> 12 or ->



Section 13 – Drug Abuse Screening Test (DAST)

For Substance Use (other than alcohol).	CHECK IF YES
1. Have you used drugs other than those prescribed for medical reasons?	☐
2. Have you abused prescription drugs? (borrowed someone's prescription, bought someone's medication, taken more than the standard dose, etc.)	☐
3. Do you use more than one substance at a time? (alcohol plus marijuana, for example)	☐
4. Do you struggle with stopping drug use even if you want to?	☐
5. Have you had "blackouts" or "flashbacks" because of drug use?	☐
6. Do you ever feel bad about your drug abuse?	☐
7. Does your spouse/significant other (or parents) ever complain about your involvement with drugs?	☐
8. Has drug abuse ever created problems between you and your spouse/significant other (or parents)?	☐
9. Have you ever lost friends because of your use of drugs? (i.e. certain people no longer want to associate with you because you use).	☐
10. Have you ever neglected your family or missed work because of your use of drugs?	☐
11. Have you ever been in trouble at work because of drug abuse?	☐
12. Have you ever lost a job because of your drug abuse?	☐
13. Have you gotten into fights when under the influence of drugs?	☐
14. Have you engaged in illegal activities to obtain drugs? (bought, sold, distributed, or stolen for drugs, etc.)	☐
15. Have you ever been arrested for possession of illegal drugs?	☐
16. Have you ever experienced withdrawal symptoms because of drug use?	☐
17. Have you had medical or mental health problems because of use (memory loss, lack of focus, depression, hepatitis, convulsions, or bleeding, etc.)?	☐
18. Have you ever gone to anyone for help for a drug problem?	☐
19. Have you ever been involved in a treatment program specifically related to drug use?	☐
TOTAL BOXES CHECKED	

COMPLETE ABSTINENCE AGREEMENT

I (The Client), acknowledge that I must completely abstain from alcohol and any mind or mood-altering substances (unless prescribed) while in treatment.

Signed

Date

AFFORDABLE SUBSTANCE ABUSE TREATMENT / RECOVERY FOR LIFE

(Please check the boxes and sign)



Section 14 – Informed Consent, Payment Agreement & Authorizations

This document establishes an approved payment plan per ASAT policy. Please check all boxes that apply and complete all sections.

Financial Responsibilities

- ☐ I am financially responsible for copayments, coinsurance, deductibles, non-covered services, or coverage lapses determined by my insurance. Benefits may vary by service.
- ☐ Copayments are due at the time of service.
- ☐ If my plan requires a referral or authorization, I must provide it prior to my visit.
- ☐ If my health plan deems a service "not payable" or non-covered, I agree to pay the full charge for all services rendered.
- ☐ If uninsured or self-pay, full payment is due at the time of service.
- ☐ A \$75 fee applies for no-shows or missed appointments.
- ☐ Delinquent accounts sent to collections will incur all related costs, including agency fees and attorney fees up to 33⅓% of the balance.

Insurance Authorizations

- ☐ I authorize Recovery for Life to release medical information necessary to process claims and direct insurance benefits to ASAT.

Assignment of Benefits

- ☐ I authorize and direct payment of my medical benefits to Affordable Substance Abuse Treatment of Virginia Beach for services provided.

Medicare Authorization (if applicable)

- ☐ I request payment of authorized Medicare benefits to ASAT for services furnished. I authorize release of medical information to Medicare and its agents.

Communication Permissions

Voice Messages

- ☐ Yes ☐ No – Permission to leave messages about test results or appointments on home/mobile voicemail.

Household Discussions

- ☐ Yes ☐ No – Permission to discuss medical conditions, treatments, or leave messages with household members.

Designated Contacts (for treatment, attendance, urine screens, appointments via voicemail/email/text)

- ☐ Yes ☐ No – Permission to share with: _____

Signature _____ **Date** _____

Printed Name _____

Relationship to Client _____

AFFORDABLE SUBSTANCE ABUSE TREATMENT / RECOVERY FOR LIFE



Section 15 - Consent to Report to Agencies and Individuals Medical Release of Information

AUTHORIZATION TO RELEASE ALL RECORDS

(Please check all boxes that apply)

- ☐ I hereby authorize the Affordable Substance Abuse Treatment of Virginia Beach to release all of my records to my insurer, governmental agencies, or any other entity, all information, including diagnosis and the records of any treatment or examination rendered to me needed to substantiate payment for such medical services as well as information required for probation, court services, judges, precertification, authorization or referral to other medical provider.

	NAME	PHONE NUMBER
☐ PRETRIAL ☐ PROBATION OFFICER		
☐ ASAP CASE MANAGER		
☐ ATTORNEY		
☐ FAMILY MEMBER		
☐ EMPLOYER		
☐ ASAT CASE MANAGEMENT	ASAT Team	757-456-0093
☐ OTHER		

Signature _____ Date _____

Printed Name _____

AFFORDABLE SUBSTANCE ABUSE TREATMENT – RECOVERY FOR LIFE



Section 16 - Insurance Information

PRIMARY INSURANCE	SECONDARY INSURANCE
GROUP #	GROUP #
MEMBER #	MEMBER #
SUBSCRIBER	SUBSCRIBER
SS#	SS#
DOB	DOB

Affordable Substance Abuse Treatment (ASAT) Insurance & Appointment Policy

Acknowledgment

Due to frequent insurance policy changes, we cannot always track every plan's details. **You, the patient, are responsible** for verifying your coverage, referrals, and our participation status with your insurer.

Patient/Client Responsibilities

- **Verify Coverage:** Call the customer service number on your insurance card to confirm benefits, referrals, and ASAT's participation status before services.
- **Obtain Referrals:** If required by your plan, secure referrals from your primary care physician/provider **prior to your visit**. Failure to do so may require rescheduling or full payment responsibility.
- **Understand Limitations:** Non-compliance may result in you being responsible for all service costs.

Appointment Policies

- **No-Show/Cancellation Fee:** \$25 fee for follow-up patients who cancel or miss appointments.
- **Three Strikes Policy:** After three no-call/no-show appointments, you will not be eligible to reschedule.
- **Past Due Balances:** All balances must be paid at time of service unless a payment plan is pre-arranged with our office.

Signature _____ Date _____

Printed Name _____

Relationship to Client _____

AFFORDABLE SUBSTANCE ABUSE TREATMENT – RECOVERY FOR LIFE



Section 17 - HIPAA Notice of Privacy Practices & Consent

Federal law (HIPAA) requires your written consent for routine sharing of your protected health information (PHI) for treatment, 7 and healthcare operations. We respect your privacy and protect your records.

How We Use Your Information

We share PHI only as needed with:

- Other healthcare providers, labs, or facilities involved in your care
- Insurers or payment parties
- Family/concerned parties assisting with your care or payment
- Voicemail or callers identifying as relatives (home/cell phone)
- Probation, pretrial, court-mandated.

Your Rights Under HIPAA

- **Consent or Refuse:** You may consent or refuse these disclosures in writing
- **Revoke Consent:** You can revoke this consent anytime in writing (does not affect prior actions)
- **Access Records:** You have the right to access your health records
- **Denial of Treatment:** HIPAA allows denial of services if you refuse necessary information sharing

Additional Acknowledgments

☐ **Non-Discrimination:** ASAT prohibits discrimination based on race, color, national origin, age, disability, sex, gender identity, religion, reprisal, political beliefs, marital/familial status, sexual orientation, public assistance income, or genetic information.

☐ **Emergency Protocol:** If you become extremely emotionally distressed or pose a danger to yourself/others, call 911. I consent to ASAT assisting me and/or family members in emergencies.

Signature _____ **Date** _____

Printed Name _____

Relationship to Client _____