

TREATMENT CENTERS OF AMERICA

IT'S TIME TO START LIVING

www.tcaclinics.com

All patients seeking treatment must be at least 18 years of age or older. Please complete this questionnaire and bring it with you, along with a state issued ID, to the clinic on intake day.

PATIENT INFORMATION

How did you hear about us: _____

Name: _____

Birth Date: _____

Phone Number: _____

City of Residency: _____

HISTORY

What is/are your drug(s) of choice: _____

Please list all drugs and/or medications taken: _____

How often do you use (each): _____

How long have you been using (each): _____

How do you use? (Orally, IV, Nasal, other): _____

Have you ever been in any other Methadone Treatment Program: Yes No

If you answered Yes above please complete the following additional information:

Where: _____

When: _____

How Long: _____

Approximate Last Day of Treatment: _____