



Name \_\_\_\_\_

What do you know about being referred here? \_\_\_\_\_

\_\_\_\_\_

What do you think about being referred here? \_\_\_\_\_

\_\_\_\_\_

List three of your strengths that will help you complete this treatment.

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\_\_\_\_\_

\_\_\_\_\_

List three of your shortcomings or weaknesses that could be challenging to your completing this treatment.

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\_\_\_\_\_

\_\_\_\_\_

What do you spend most of your time each week doing? (Other than work)

\_\_\_\_\_

Next \_\_\_\_\_

Next \_\_\_\_\_

Who do you spend your time with? \_\_\_\_\_

What are your living arrangements (what kind of dwelling, who do you live with, do you rent, own...?) \_\_\_\_\_

\_\_\_\_\_

What is your annual income? \_\_\_\_\_

What is your current spiritual/ religious/ values orientation? \_\_\_\_\_

As long as you are coming here, what goals would you like to achieve? \_\_\_\_\_

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\_\_\_\_\_