



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.

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

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? _____
