



GRACE KINGS APPLICATION
PERSONAL HISTORY

MENTEE'S NAME _____ **AGE:** _____

DATE OF BIRTH ____/____/____ BIRTH PLACE _____

What is your present age? _____

What is your Social Security Number _____?

Race: ____Caucasian ____ African-American ____ Asian ____ Latino
____ American Indian ____ East Indian ____ Polynesian ____ Other

LAST ADDRESS _____
City State Country

PERSON TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY:

NAME _____

PHONE NO. () _____

ADDRESS: _____

PARENT'S/GUARDIAN NAME(S): _____

ADDRESS: _____

PHONE NO. () _____

PARENTS MARITAL STATUS: SINGLE ____ SEPARATED ____ DIVORCED ____

DO YOU HAVE SIBLINGS? YES ____ NO ____ . IF YES, LIST NAMES AND AGES

NAME: _____ AGE _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

IDENTIFICATION AND EMERGENCY INFORMATION

Name of MENTEE _____ SS# (opt) _____

Age _____ DOB ___/___/___ Sex _____

Previous Address _____

Telephone () _____

Name of Nearest Relative: _____

Relationship _____

Address _____ Telephone () _____

PERSON RESPONSIBLE FOR FINANCIAL AFFAIRS, MEDICAL:

(Name & Address) _____

Physician _____, MD

Address _____ Telephone () _____

Health Provider _____

Address _____ Telephone () _____

Dentist _____ DDS

Address _____ Telephone () _____

MEDICAL HISTORY

Date of Birth _____ Height _____ Weight _____

Physician's Name: _____

Where do you receive medical treatment when sick?

Please check any of the following for which you have a history:

- | | |
|---------------------------|-----------------------------------|
| _____ Allergies | _____ Kidney Disease |
| _____ Cancer | _____ Liver Disease |
| _____ Diabetes | _____ Seizures or Convulsions |
| _____ Epilepsy | _____ Tuberculosis |
| _____ Heart Disease | _____ Ulcers or Internal Bleeding |
| _____ High Blood Pressure | _____ STD's |

Please explain as fully as you can any of the conditions you have checked.

Is there anything else that you would like to tell us about your medical condition or anything else that you think we should know?

Have you had any recent admissions to the hospital? Yes _____ No _____

Have you ever received psychiatric treatment, or treatment for mental problems or disorders? Please explain _____

Medical History (CON'T)

In your assessment what is the present condition of your health? Please check one.

Excellent _____ above average _____ Good _____ Fair _____

Poor _____

Do you take any medication at this time? Yes _____ No _____

For what condition? _____

What medication(s) do you take? _____

Who is the prescribing physician? _____

How long have you been taking this medication? _____

Are there any health problems that you would like to address while you are here? (e.g., dental work, corrective lenses, etc.) Yes _____ No _____. If yes, what are they?

PSYCHO-SOCIAL ASSESSMENT

MENTEE'S NAME; _____
Last First Middle Initial

SUBSTANCE ABUSE HISTORY

What chemicals have you used (Mentee) _____

Length of use? _____ Pattern of use? _____

Currently using? Yes _____ No _____

At what age did you begin to use chemicals? _____

Have you experienced any of the following?

- | | | | |
|-------|----------------|-------|-------------------------|
| _____ | Blackouts | _____ | Overdoses |
| _____ | Delirious | _____ | Remorse/Guilt |
| _____ | Convulsions | _____ | Lied About Chemical Use |
| _____ | Hallucinations | _____ | Attempts to Control Use |
| _____ | Shakes | _____ | Suicidal Feelings |

Lengths of sobriety _____ Most Recent _____

Longest period of sobriety _____

Psycho-Social Assessment (CON'T)

Do you believe that you have a problem? Yes _____ No _____

How long have you been aware of your problem? _____

Have you ever been in recovery programs? Yes _____ No _____

If yes, when? _____
Month Year

Describe: _____

Religious Background: _____

Religious Affiliation and /or Denomination _____

Have you sought spiritual help to overcome drinking and drug use? Yes ___ No ___

Have you ever attended A.A. or N.A. meetings Yes _____ No _____

MENTEE'S PERSONAL RIGHTS

It shall be the policy of Grace Kings Mentoring Program that each person participating here shall have rights which include, but are not limited to the following:

- The right of confidentiality
- To be accorded dignity in personal relationships with staff and other individuals.
- To be free from intellectual, emotional and/or physical abuse.
- To be free to attend religious services or activities of his choice and to have visits from a spiritual advisor provided that these services or activities do not conflict with facility requirements.

Acknowledgement

I have been personally advised and have received a copy of my Personal Rights and have been informed of the provisions for complaints at the time of my admission to Grace House:

Grace Kings Mentoring Program

Mentee's Signature

DATE

Parents Signature

DATE