



Spirit of Life Recovery Centers, Inc.

4816 N. Orange Blossom Trail, Mt. Dora FL 32757

Phone: 352.735.2001 / Fax: 352.735.2044

Referral Information

Spirit of Life Recovery Center

PLACEMENT SCREENING

Name _____ Today's Date: _____
Last First Middle Alias/Nick Name

County D.O.C. Number: _____ State D.O.C. Number: _____

Age: _____ Date of Birth: _____ Birth Place: _____
City County State

Height: _____ Weight: _____ Social Security Number: _____

Do you have a Valid Florida Identification Card OR FL Drivers License ()

Ethnic Origin, Circle Asian Black Hispanic Native American White Other _____

Current Address: _____ Previous Address: _____

Telephone (____) _____ Cell Phone (____) _____

Emergency Contact _____ Telephone (____) _____

Religious Preference: _____ Married () Divorced () Separated () Widowed ()

Number of Children () Child Support \$ _____ per Wk. Amount in arrears \$ _____

Military Service: () Branch: _____ Dates: _____ to _____ Discharge: _____

School level completed () GED () Diploma () Degree () Trade School ()

Last employer: _____ From / / to / /

Job description: _____ Special Training: _____

List Previous Employment / Jobs and Dates:

Current Medical issues: _____ Hospitalizations: _____



Spirit of Life Recovery Centers, Inc.

4816 N. Orange Blossom Trail, Mt. Dora FL 32757

Phone: 352.735.2001 / Fax: 352.735.2044

Referral Information

PLACEMENT SCREENING

Last Name: _____

Psychological Counseling or Evaluation () When? / / Where: _____

Circle Diagnosed Depression Bi-Polar Schizophrenia A.D.H.D. A.D.D. Personality Disorder

Received Medication for any of the above () What? _____ Dosage () How Long ()

Previous Drug and or Alcohol Treatment: _____ In Patient ()

Completed Program () Why Not? _____

Ever been to Detox () When? / / Where? _____

Drug History: Age 1st Used Amount How Often Last Use

Alcohol _____

Marijuana _____

Cocaine not crack _____

Crack _____

Heroin _____

Methadone _____

Oxycodone _____

Oxycontin _____

Meth/Crank _____

Ecstasy/LSD _____

Inhalants/Gas/Glue _____

Other _____

Circle Convictions: Sale of Drugs Possession Soliciting Battery-Assault Manslaughter Murder Theft
Escape Counterfeiting Forgery Stalking Simple or Aggravated and or Domestic Violence Sexual Assault
How Many D.U.I.'s () **Have you ever been charged with a crime of sexual nature? ()**

Are you able to pay \$315.00 Administrative in-take Fee? _____

Are you willing to find a job on your own and be responsible for [PAY] Program Fees (\$165.wkly) _____

Are you receiving any financial support from the Government? SSI _____, SSDI _____, Food Stamps _____