

AUMI SCREENING FORM

Date _____ Program _____

GENERAL INFORMATION

Resident Name _____ SSN _____

Address _____ City/State/Zip _____

Home Phone _____ Birthdate _____ Age _____

County of Residence _____ Educational Status _____

Marital Status: Married Divorced Widowed Sex _____

Race _____ Form of Identification _____ Military History _____

Check One (if applicable): Private Insurance Medicaid Medicare Grady Card

EMPLOYMENT HISTORY

Place of Employment _____ Occupation _____ FT _____ PT _____

From _____ to _____ Reason for leaving _____

Address _____ City/State _____ Phone # _____

LEGAL

Probation/Parole: Y/N Officer Name & Phone _____

Cause: _____

Pending Court Dates or Appointments: _____

Sentence: _____ Outstanding Warrants (Y/N) _____

MEDICAL

Current Health Problems: _____

Current Medications: _____

Medical Provider: _____

TB Test (Y/N) Date _____ Facility _____

DRUG AND ALCOHOL

1st Drug of Choice _____ Last Use _____ Age @ First Use _____

2nd Drug of Choice _____ Last Use _____ Age @ First Use _____

Prior Treatment _____

Facility _____

Facility _____

Name of Nearest Relative _____ Phone # _____

Relative's Address _____ City/State/Zip _____

Referral Source _____

DISPOSITION

Staff Signature _____ Date _____