



**RIVER OAK**  
*Recovery-focused Education* **CENTER**  
FLORIDA **RECOVERY**  
schools

**ENROLLMENT PACKET**

Today's Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client ID#: \_\_\_\_\_ (completed by staff)

Parents/Guardians Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Race: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

**Family Income Level (based on 3 person):**

Lower Income? (\$26,266 - \$75,414)	___ YES	___ NO
Middle Income? (\$75,414 - \$188,907)	___ YES	___ NO
Upper Income? (more than \$188,907)	___ YES	___ NO

Current address: \_\_\_\_\_

Referral agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Admission Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

**FAMILY HISTORY**

Guardian 1: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian 2: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name	Relationship to child (ex. Mom, sister, uncle, etc.)	Age	Occupation	Currently living in the home? (Y/N)

Is your child adopted? \_\_\_ Yes \_\_\_ No      If yes, at what age? \_\_\_\_\_

Are parents divorced? \_\_\_ Yes \_\_\_ No      If yes, what year did this occur? \_\_\_\_\_

Has either (both) parent(s) remarried? \_\_\_ Yes \_\_\_ No

If so, how has that affected your child?  
\_\_\_\_\_  
\_\_\_\_\_

Are there any custody issues?  
\_\_\_\_\_  
\_\_\_\_\_

Who does your child live with?  
\_\_\_\_\_  
\_\_\_\_\_

**Describe relationship with parents.**

---

---

---

---

**Describe relationships with siblings.**

---

---

**FAMILY MENTAL HEALTH HISTORY**

**Positive biological family history for Substance Abuse? \_\_\_ YES \_\_\_ NO**

**Depression \_\_\_\_\_ Anxiety \_\_\_\_\_ Panic Attacks \_\_\_\_\_**

**ADD/ADHD \_\_\_\_\_ Conduct Disorder \_\_\_\_\_ Bipolar \_\_\_\_\_**

**OCD \_\_\_\_\_ Personality Disorder \_\_\_\_\_ Eating Disorder \_\_\_\_\_**

**Oppositional Defiance Disorder \_\_\_\_\_**

**Other: \_\_\_\_\_**

**If answered yes, please explain:**

---

---

---

---

---

**MEDICAL INFORMATION**

**Doctor/PCP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Specialist:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Current Medication/Dosage:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please provide significant health history and current health status:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How does your child feel about the way they look?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Handicaps/limitations River Oak should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_

**Any allergies to food or environment? Please list allergy, symptoms and treatment:**

\_\_\_\_\_  
\_\_\_\_\_

**MENTAL HEALTH HISTORY**

**Mental Health diagnoses/age of onset:**

**(Examples include: depression, anxiety, bipolar, schizophrenia, autism, learning disabilities, ADHD, oppositional defiant disorder, borderline personality disorder, eating disorder, etc.)**

---

---

---

---

**Current Outpatient Counseling/therapy/psychotherapy?     YES     NO**

**If yes, who is the provider? \_\_\_\_\_**

**Onset/frequency of follow-up: \_\_\_\_\_**

**Previous mental health hospitalization?     YES     NO**

**If yes, location of hospitalization: \_\_\_\_\_**

**Dates: \_\_\_\_\_**

**Type of treatment/outcome: \_\_\_\_\_**

**History of self-injurious behavior? (cutting, burning, picking, etc.)     YES     NO**

**Currently engaging in self-injury?     YES     NO**

**Date of most recent self-injury: \_\_\_\_\_**

**History of Suicidal Ideation?     YES     NO**

**History of Suicide attempts?     YES     NO**

**Current Suicidal Ideation?     YES     NO**

**If yes, do you have a plan?     YES     NO**

**Any history of domestic violence?     YES     NO  
(family, partner, or spouse)**

**Any history of sexual abuse?     YES     NO**

**Any history of trauma?     YES     NO**

**If you responded to yes to the questions above, did you seek treatment? \_\_\_\_\_**

---

---

**SUBSTANCE ABUSE HISTORY**

**First use of alcohol (age):** \_\_\_\_\_ **First illicit drug use:** \_\_\_\_\_

**Age of problem onset:** \_\_\_\_\_

**Preferred drug:** \_\_\_\_\_

**Preferred alcohol:** \_\_\_\_\_

**Progression of drug use:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Frequency of use:** \_\_\_\_\_

**Quantity per occasion alcohol:** \_\_\_\_\_

**Quantity per occasion other drugs:** \_\_\_\_\_

**Settings where most drinking/drug use occurs:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prefer using alone or with others:**

\_\_\_\_\_

**Previous periods of sobriety:** \_\_\_\_\_

**Total number of times overdosed:** \_\_\_\_\_ **Times overdosed in the past year:** \_\_\_\_\_

**PATTERN OF SUBSTANCE USE**

	<b>1<sup>st</sup> age</b>	<b>Last use</b>	<b>Frequency</b>	<b>Route</b>
<u>Alcohol</u>				
<u>Cocaine</u>				
<u>Crack</u>				
<u>Marijuana/Hash</u>				
<u>Heroin</u>				
<u>Non Rx Methadone</u>				
<u>Other Opiates/Synthetics</u>				
<u>PCP</u>				
<u>Other Hallucinogens</u>				
<u>Methamphetamines</u>				
<u>Other Amphetamine</u>				
<u>Other Stimulants</u>				
<u>Benzodiazepines</u>				
<u>Other Tranquilizers</u>				
<u>Barbiturates</u>				
<u>Other Sedative/Hypnotics</u>				
<u>Inhalants</u>				
<u>Over the counter</u>				
<u>Other</u>				
<u>Nicotine</u>				

**Age of First Use**

**0 = Never**

**Alcohol Use = first intoxication**

**Drug Use = age first use**

**Last Use**

**1 = 12 or more months ago**

**2 = 3-11 months ago**

**3 = 1-2 months ago**

**4 = 1-3 weeks ago**

**5 = used in last week**

**Freq. of Last Regular Use**

**1 = Less than once a month**

**2 = 1-3 times per month**

**3 = 1-2 times a week**

**4 = 3-6 times a week**

**5 = daily**

**Usual Route of Administration**

**1 = oral**

**2 = smoking**

**3 = inhalation**

**4 = injection**

**5 = other**

**TREATMENT HISTORY**

**Primary Substance:**

**Secondary Substance:**

**Tertiary Substance:**

**Most recent treatment:**

**Detox** \_\_\_ Yes \_\_\_ No

**Inpatient Program:** \_\_\_ Yes \_\_\_ No

**Where:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

**Involvement in mutual aid groups (A.A., N.A., Smart Recovery, Celebrate Recovery)?**

\_\_\_ Yes \_\_\_ No

**Where:** \_\_\_\_\_

**Length of attendance:** \_\_\_\_\_

**Current Sponsor:** \_\_\_\_\_

**Frequency of contact with sponsor:** \_\_\_\_\_

**2<sup>nd</sup> Most recent treatment:**

**Detox** \_\_\_ Yes \_\_\_ No

**Inpatient Program:** \_\_\_ Yes \_\_\_ No

**Where:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

**3<sup>rd</sup> Most recent treatment:**

**Detox** \_\_\_ Yes \_\_\_ No

**Inpatient Program:** \_\_\_ Yes \_\_\_ No

**Where:** \_\_\_\_\_

**Dates:** \_\_\_\_\_



**EDUCATIONAL HISTORY**

**Please describe your child's attitude towards school.** \_\_\_\_\_

---

---

---

**Has your child ever failed or repeated a grade? If so, what grade?**

---

---

---

**Has your child ever been suspended or expelled from school? If so, why?**

---

---

---

**Does your child have any known learning disabilities or differences? If so, please explain.**

---

---

---

**How well does he/she do in school? Are there any subjects he/she particularly likes?**

---

---

---

**Is attendance at school a challenge?**

---

---

---

**LEGAL HISTORY**

Has your child been a victim of violent behavior?     \_\_\_ Yes                     \_\_\_ No  
Has your child been violent towards others?             \_\_\_ Yes                     \_\_\_ No  
Has your child been charged or arrested?                \_\_\_ Yes                     \_\_\_ No

Most recent charge/arrest: \_\_\_\_\_

Where: \_\_\_\_\_

Currently in litigation or settled? \_\_\_\_\_

2<sup>nd</sup> most recent charge/arrest: \_\_\_\_\_

Where: \_\_\_\_\_

Currently in litigation or settled? \_\_\_\_\_

3<sup>rd</sup> most recent charge/arrest: \_\_\_\_\_

Currently in litigation or settled? \_\_\_\_\_

Total # of arrests: \_\_\_\_\_

Current legal status (warrants, probation/parole, court dates, etc.) : \_\_\_\_\_

DJJ Involvement: \_\_\_\_\_

Phone: \_\_\_\_\_

DCF Case Worker: \_\_\_\_\_

Phone: \_\_\_\_\_

Probation Officer: \_\_\_\_\_

Phone: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**Recreation**

**Please list any sports, hobbies, or interests:**

---

---

---

**How does your child generally spend free time?**

---

---

---

**Friends**

**How would you describe your child's social relationships?**

---

---

---

**Does your child generally feel accepted by his/her peers?**

---

---

---

**What role does your child usually play in friendships? (For example, leader, follower, aggressor, invisible, etc.)**

---

---

**Work**

**Please list any jobs your child has had, dates worked and reason(s) for leaving.**

---

---

**Please list any volunteer or service work.**

---

---