



(V) All Current Medications: (Psychiatric and Somatic)  
Type

Current  
Dosage – Frequency

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

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

Current ability to take medicine:

Independently \_\_\_\_\_ With reminders \_\_\_\_\_ With daily supervision \_\_\_\_\_

Refuses medication \_\_\_\_\_ Meds not prescribed \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

(VI) Legal History/Forensic Involvement

Has the applicant ever been arrested? Y \_\_\_ N \_\_\_ On Probation or Parole? Y \_\_\_ N \_\_\_

List any reported convictions \_\_\_\_\_

Parole or probation officer & Phone #: \_\_\_\_\_

Has applicant been found NCR? Y \_\_\_ N \_\_\_ Is on (or will be) Conditional Release? Y \_\_\_ N \_\_\_

(VII) Substance Use/Abuse History

Drug Used (including alcohol)      Period of Use      Frequency/Cost      How Used

Drug Last Used      Date      Amount      How Used

Substance Abuse Treatment History (date and location)

A.A. \_\_\_\_\_ N.A. \_\_\_\_\_

Detox \_\_\_\_\_

Inpatient Services \_\_\_\_\_

Outpatient Services \_\_\_\_\_

(VIII) Risk Assessment (Never, past week-month, past month-year, past 2+years)

Suicide attempts: \_\_\_\_\_

Suicidal Ideation: \_\_\_\_\_

Aggressive Behavior/Violence: \_\_\_\_\_

Fire Setting: \_\_\_\_\_

(IX) Activities of Daily Living

\_\_\_ Independent; \_\_\_ Needs significant support; \_\_\_ Needs moderate support

(X) Previous RRP involvement? Yes \_\_\_ No \_\_\_ If yes, reason for discontinuation of RRP

Consumer preference of provider \_\_\_\_\_

Cultural preference of consumer \_\_\_\_\_

