

ALCOHOL EDUCATION PROGRAM REGISTRATION

Welcome to STEPS at Liberty Center!

The Alcohol Education Program (AEP) is designed to provide an alternative to incarceration to individuals who have been arrested for drinking or drug related driving offenses while offering screening and education about alcohol and other drug use in a caring and professional environment.

We appreciate you selecting STEPS for your Alcohol Education Program.

Name: _____ Sex: M F Today's Date: _____

Address: _____ City: _____ State: _____

Zip Code: _____ County _____ Age _____ Date of Birth _____

Ethnicity- Please check below:

Caucasian _____
African Am. _____
Asian _____
Hispanic _____
Native Am. _____

Height: _____ Weight: _____

Your Home Phone _____ Work Phone _____ Cell Phone _____

Your SSN: _____

Emergency Contact Person _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

The program will involve lectures, videos, group activities and individual questionnaires. Will you need reading and writing assistance during the program or interpretation services? Yes or No

If Yes, Please explain: _____

(All information is kept strictly confidential)

YOUR COURT INFORMATION

(Please complete)

Which court referred you to this program _____

Probation Officer's Name _____ Phone _____

Date/Time of Arrest _____ Reason police stopped you? _____

Original Charge by Police? _____ BAC at time of arrest? _____

Sentencing date: _____ Court Case Number: _____

Final Charge? _____ Previous DUI charges: (Y) (N) If Yes, How many? _____

HEALTH HISTORY

Please describe any physical disabilities that we need to be aware of so we may make your stay as comfortable as possible. _____

Dietary Restrictions? Yes ____ No ____ If yes, please explain: _____

Please list any food allergies? _____

Are you a vegetarian? Yes or No

Are you a smoker? Yes or No

Please describe any history of serious health problems (illnesses, accidents, operations): _____

Please describe any health problems for which you are currently being treated: _____

Please list any medications you are currently taking: _____

Please describe your sleeping habits (Number of hours, loud snoring, difficulty getting to sleep? _____

PSYCHOLOGICAL

Have you ever been treated for emotional or mental problems? Yes ____ No ____

Have you ever been to a Psychologist or Psychiatrist? Yes ____ No ____

Do you get severely anxious? Yes ____ No ____

Do you have difficulty controlling emotions such as anger? Yes ____ No ____

Do you ever get seriously depressed? Yes ____ No ____

Have you ever attempted to take your own life? Yes ____ No ____

Are you currently taking medications for any of the above? Yes ____ No ____

EMERGENCY CONTACT VERIFICATION

I affirm that the name, address and phone numbers I provided for my emergency contact is current and accurate. If not, I have indicated the changes on the reverse side and initialed my changes.

Client Signature

Date

**ALCOHOL EDUCATION PROGRAM
EMERGENCY MEDICAL CONTACT INFORMATION**

In the event a medical emergency occurs while you are attending the Alcohol Education Program, staff will call 911 for assistance if deemed appropriate. The program is required to have a name, address and phone number of a person they should contact on your behalf in the event of a medical emergency. Staff will only provide the necessary information to qualified medical/911 personnel for a medical emergency and will notify your emergency contact person if you were transferred for outside medical care.

If you experience a medical emergency that requires treatment outside of the Alcohol Education Program during your 72 hour program, staff will discuss with you the alternatives in order to complete the 72 hour program.

My Emergency Contact Person Name: _____

Contact Address: _____

Home Phone: _____ Cell Phone: _____

I affirm the information above is true and accurate. I authorize the staff of the Alcohol Education Program to notify my Emergency Contact Person listed above in the event of a medical emergency.

Signature

Date