

The Awareness Group

45926 Oasis St
Indio, California 92201
760.342.1233
Fax 760.342.5344

1445 N Sunrise Way Suite 103
Palm Springs, California 92262
760.322.4554
Fax 760.342.5344

CONSENT FOR RELEASE OF INFORMATION

I, _____ authorize The Awareness Group to disclose to the
(Name of participant)
referring Court, referring agency, my attorney, probation, parole, and/or the DMV reports on
program enrollment, participation, payments, transfer, and completion. In the event of my transfer
from the Awareness Program, this consent includes a release of information to and from the transfer
program. The purpose or need for such disclosure is to provide the Court and other agencies with
information regarding program progress, attendance, dismissal, or completion.

In the event that I transfer out, I understand it is my responsibility to notify The Awareness Group of
my enrollment in the approved program within twenty-one (21) days. Failure to do so will result in
my referral back to court.

I understand that my records are protected under the Federal and State Confidentiality Regulations
(42 CFR Part 2/45 CFR Pts. 160 & 164) and cannot be disclosed without my written consent unless
otherwise provided for in the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has been
taken in reliance on it and in any event this consent expires automatically as described below.

Specification of the date, event, or condition upon which this consent expires:

_____ End of Court Probation or Upon File Destruction _____

**We are unable to release information about your case to anyone without your written
approval. Please add name of additional agency or person you would like to authorize for
disclosure including anyone authorized to make payments on your account. Please specify
information to be disclosed:**

Name purpose of disclosure

Name purpose of disclosure Effective: _____ (Date)

Signature of Participant

Staff Signature

Awareness Group PC 1000 Intake Assessment

Date: _____

Name: _____
Last Name First Name Middle Name

Address: _____
Number, Street and Apartment or Unit Number

City State Zip

Best phone number to reach you at: _____ Email Address: _____

It is the responsibility of the participant to notify the program of any change of address.

Ethnicity: _____ Gender: _____ Age: _____ Date of Birth: _____

Marital Status (Circle One): Married Single Divorced Widowed Separated

Driver's License Number: _____ Attorney (Name): _____

Court: _____ Case Number: _____

Date of Arrest: _____ Date of Conviction: _____

In case of Emergency Notify: _____

Relationship: _____ Telephone #: _____

Employment Status

Are you currently employed? _____ If yes: Full Time _____ Part Time _____

If unemployed: Is it because of the current drug offense? _____

What is your profession? _____ Are you a Veteran? _____ Yes _____ No

During the past 12 months what was your primary source of income?

Earned from Employment _____ Social Security/Retirement Benefits _____

Unemployment Benefits _____ Welfare (Specify type of aid) _____

Other (Please Specify) _____

Education: (Circle Highest Completed)

Elementary School Middle School High School College Vocational/Trade School

Legal/Drug and Alcohol History

Is this your first arrest? _____ If not, how many arrests have you had in your lifetime? _____

Have you made any changes in your alcohol/drug use since this arrest? _____

What changes have you made? _____

When was the last time you used alcohol? _____ Other Drugs? _____

At what age did you first use: alcohol _____ other drugs _____ Other drugs used: _____

_____ How often? _____

Do you have prior alcohol/drug treatment? (List type of treatment, dates, and location where services were received) _____

Are you currently on Parole? _____ Probation? _____ (If yes, circle one) Summary OR Formal

Are you currently waiting on a court hearing or sentencing? _____ If so, for what? _____

How valuable do you feel this course will be for you?

- A. Not All B. Slightly C. Neutral D. Valuable E. Extremely Valuable

Family History

What is your family history of alcohol and other drug problems? _____ Mother _____ Father
_____ Grandparents _____ Siblings _____ Other _____ None

Explanation (if necessary): _____

Health Information

Are you presently under a doctor's care? _____ If yes, for what? _____

Do you have any chronic medical conditions which interfere with your life/daily activities? _____

If yes, please describe: _____

Are you taking any prescribed medications on a regular basis for this condition? _____ If yes, please list:

Drug Addiction Screening

The following questions concern information about your involvement with drugs. Drug abuse refers to: (1) the use of prescribed or "over-the-counter" drugs in excess of the directions and (2) the use of any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions in this test do not include alcoholic beverages.

Carefully read each statement. When preparing each response, take into consideration your actions over the course of the past 12 months.

	YES	NO
1. Have you used drugs other than those required for medicinal reasons?		
2. Have you abused prescription drugs?		
3. Do you abuse more than one drug at a time?		
4. Can you get through the week without using drugs?		
5. Are you always able to stop using drugs when you want to?		
6. Have you had "blackouts" or "flashbacks" as a result of drug use?		
7. Do you ever feel bad or guilty about your drug use?		
8. Does your spouse (or parents) ever complain about your involvement with drugs?		
9. Has drug abuse created problems between you and your spouse or your parents?		
10. Have you lost friends because of your use of drugs?		
11. Have you neglected your family because of your use of drugs?		
12. Have you been in trouble at work because of drug abuse?		
13. Have you lost a job because of drug abuse?		
14. Have you gotten into fights when under the influence of drugs?		
15. Have you engaged in illegal activities in order to obtain drugs?		
16. Have you been arrested for possession of illegal drugs?		
17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
18. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?		
19. Have you gone to anyone for help for a drug problem?		
20. Have you been involved in a treatment program specifically related to drug use?		