

**S.A.F.E. ALTERNATIVES® 30-Day Intensive Program
Readmission Questionnaire**

Date _____

Name: _____ Phone: _____

This questionnaire is to help you and the S.A.F.E. ALTERNATIVES® treatment team assess the appropriateness of your return to the program. Please take your time and answer each question as honestly as you can. **(USE SEPARATE PAPER FOR THE EXPLANATION QUESTIONS AND NUMBER EACH ANSWER.)** When you return this questionnaire the treatment team will review it and inform you when a decision has been made.

Address: _____

SS#: _____ Birthday: _____ Age: _____

Dates that you were in the program (include month, days, and year):

1) From _____ To _____ 2) From _____ To _____

Dates that you have been in the hospital (include month, days, and year):

1) From _____ To _____ 2) From _____ To _____

S.A.F.E. therapist's name: _____

S.A.F.E. primary counselor's name: _____

1. Did you successfully complete the program? Yes ___ No ___ If no, explain why you did not complete the program.
2. If you completed the program, explain why you need to return. List the specific issues that you plan to work on.
3. Were you ever put on probation? Yes ___ No ___ Number of times on probation? ____
If yes, explain what you did to be placed on probation. Elaborate on your answer.
4. What did you learn about yourself from being placed on probation?
5. Last completed writing assignment? _____
6. Estimate length of stay needed to address issues/program, etc.
7. How will you use the program differently from before?
8. Does your outpatient therapist support your decision to return to the program?
a. Yes ___ No ___ May we contact your therapist? Yes ___ No ___
9. Therapist's name and phone # _____
10. Psychiatrist's name and phone # _____

11. What was your discharge plan when you left S.A.F.E.?
12. What stopped you from following your aftercare plan and using the tools you learned in the S.A.F.E. Program?
13. Evaluate how well you have followed through with, and utilized the tools you learned in the S.A.F.E. Program. (Answer if applicable)
14. Have there been any significant stressors in your life since you left the S.A.F.E. Program? Yes ___ No ___ If yes, please explain, (i.e. change in therapist, housing or financial issues, substance abuse, etc.).
15. Have you been using drugs or alcohol? (what kind and how much?)
16. Are you eating 3 meals/day?
17. Please list your medications along with the dosage & the times you take them.
18. How are you injuring?
19. How frequently are you injuring?
20. How often do you think about suicide?
21. Do you have any physical or medical needs that we should be aware of?

Insurance Information

Insured _____ Relationship _____ Date of birth _____

Social security # _____ Phone # _____

Place of employment _____ Phone # _____

Insurance co. _____ Phone # _____

Insurance group# _____ ID# _____

Please return your completed questionnaire, a copy of both sides of your insurance card and a picture ID to:

S.A.F.E. ALTERNATIVES® Program
 10 Bergman Court
 Forest Park, IL 60130
Fax: 708-366-9065

PLEASE NOTE: No probations are granted during a second admission