

**Project CRASH**  
**Impaired Driver Rehabilitation Program (IDRP)**  
**Residential Weekend Option**  
 (802) 488-6151

**INTAKE QUESTIONNAIRE**

**Please complete all questions. Missing information can delay enrollment.**

Indicate which Weekend You Wish To Attend: \_\_\_\_\_ Alternate: \_\_\_\_\_

Name (exactly as it appears on drivers license) \_\_\_\_\_

DOB: (mo / day / yr) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #'s \_\_\_\_\_

Please circle one: Male or Female

Present Marital Status (circle one): Single Married Separated Divorced Widowed Other

Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_ Do they live with you? \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone #s \_\_\_\_\_

Family physician (name and address): \_\_\_\_\_

Have you ever been hospitalized? Yes No Have you ever had a serious injury? Yes No

If yes, please explain \_\_\_\_\_

List any medical issues we should know about (heart, diabetes, seizures, serious injuries etc)?

\_\_\_\_\_

Please list any medications taken in the last year. \_\_\_\_\_

Please list medications you will be bringing to the CRASH Weekend and the doctor who prescribed them. \_\_\_\_\_

Do you use alcohol or drugs other than prescribed now? (list) \_\_\_\_\_

Do you consider yourself to be in recovery for alcohol or other drug problems? Yes / No

Do you currently attend self-help groups? \_\_\_\_\_

Other information you want us to know about you: \_\_\_\_\_

Use other side if necessary