

**SCREENING DOCUMENT**

(PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ SS#: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Resident County: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell (alternate): (\_\_\_\_) \_\_\_\_\_

Email (personal): \_\_\_\_\_ Email (work): \_\_\_\_\_

Sex: Female \_\_\_ Male \_\_\_ Marital Status: Married \_\_\_ Separated \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_

**List persons living with you (Please use the back of this form for additional space.)**

Name	Relationship	Age

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Professional History**

Referral Source (i.e. LLR/Board, self): \_\_\_\_\_

Board Investigator Name: \_\_\_\_\_ DHEC: \_\_\_\_\_

Do you hold a license to practice in another state? Yes \_\_\_ No \_\_\_ License Number: \_\_\_\_\_

If yes, please list the state(s): \_\_\_\_\_

**Employment History: (Please list the past five years. Use the back of the page if needed.)**

Current/Most Recent Employer: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**Describe the events that brought you to RPP: (Use additional space on back, if necessary.)**

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

**Have you ever been arrested, charged, or convicted of any crime? Yes \_\_\_ No \_\_\_ If yes, please list:**

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

**Have you previously participated with RPP or a similar program? Yes \_\_\_ No \_\_\_ If yes, please list:**

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

Have you had prior licensing board involvement or actions? Yes \_\_\_ No \_\_\_ If yes, please list:

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**Drug Use History: Please list substances used in a way other than prescribed.**

Substance	Date of First Use:	Date of Last Use:	Frequency of Use:	Quantity Used:
Alcohol				
Opiates (please list):				
Benzodiazepines (please list):				
Barbiturates (please list):				
Cocaine:				
Cannabis:				
Other (please list):				

**Counseling History: List all Mental Health, Substance Abuse Treatment, and other Counseling**  
 (Use the back of this page, if needed.)

Dates	Agency/Provide Name	Reason for Services

Are there any members of your family with an Alcohol, Drug, or Psychiatric History? Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

**Health Care Providers**

List all Health Care Providers that you have used in the past year.

Health Care Provider Name:	Reason for Visit:

List all medications you currently use. (Include prescription and over-the-counter medicine.)

Medication:	Dose:	Reason for Use:	Prescriber:

Is there anything else we need to know about you or your situation? Yes \_\_\_ No \_\_\_

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature Date

**South Carolina Recovering Professional Program**  
**440 Knox Abbott Drive Suite 220 Cayce South Carolina 29033**  
**Telephone: 803-896-5700 Toll Free 24hour helpline: 1-877-349-2094**  
**Fax: 803-896-5710**