

**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