





# ART OF AWARENESS

100 Waterman Drive Suite 201 South Portland, ME 04106  
Intake Line: 207-805-0181, Fax: 207-799-1350, Email: clientservices.aoa@gmail.com

The following questions may or may not apply to you. We ask each new client these questions. Please answer them to the best of your ability, thank you.

Have you ever been hospitalized for a Mental Health, Substance Use Disorder, or an Eating Disorder related concern?

Y      N      If Yes, please list when and where:

Are you currently taking medications?      Y      N      If Yes, please list:

Are you currently experiencing any of the following?

Poor Sleep      Y      N

Change in Appetite      Y      N

Medical Health Problems      Y      N      If Yes, please list:

Have you experienced any of the following currently or in the past?

**(Crisis Line 24/7 PH# 888-568-1112)**

Thoughts of Suicide or Self Harm	Current	Past	Never/Not Applicable
Suicidal Intent or Plan	Current	Past	Never/Not Applicable
Thoughts of harming another person	Current	Past	Never/Not Applicable
Homicidal Intent or Plan	Current	Past	Never/Not Applicable
How much alcohol do you drink on a weekly basis?			
Do you abuse or over-use any drugs?	Current	Past	Never/Not Applicable
Have you experienced any traumatic events?	Current	Past	Never/Not Applicable
Do you have a family history of mental health, substance use disorder, or eating disorders?			Y      N
Do you have Disordered Eating?	Current	Past	Never/Not Applicable

Resources & Support:

What activities do you enjoy?

Who is in your current support system?

What are your strengths?