



Bexar County Pretrial Services Supervision Intake Assessment

Name: _____

Date: _____

1. Have you served in the Military? Yes No

2. When did you serve? _____

3. Have you used drugs other than those required for medical reasons?
 Yes No

If yes, when was the last time you took the drugs and what drug?

4. Have you had "blackouts" or "flashbacks" as a result drug use?
 Yes No

5. Has drug or alcohol abuse created problems between you and your spouse
or your parents?
 Yes No

6. Have you been in trouble at work because of your use of drugs or alcohol?
 Yes No

7. Have you been arrested for possession of illegal drugs or driving under the
influence of drugs or alcohol?
 Yes No

8. Have you gone to anyone for help for a drug or alcohol problem?
 Yes No

9. Have you been involved in a treatment program especially related to drug or
alcohol use?
 Yes No

10. Any recent hospitalizations at a Mental Health Hospital?
 Yes No

11. If yes, list Date/Hospital/Reason/ & Date of discharge.

12. Have you ever taken psychiatric medications and who is your doctor.

Yes No

Doctor Name _____ How Long _____

When was your last appointment with the doctor?

Date _____ Next Appointment _____

13. Do you have any active thoughts of self harm, or harm to others, or an increase in symptoms?

Yes No

14. Would you like to receive help for;

Mental Health Services

Substance Abuse Services

I would not like to receive services.

Defendant Signature

Date

-----Pretrial Staff Use Only-----

Sid#		CMS	Y	N	Officer Action		
Section:					Forward to DTR for Review	Forward to SNU for Review	No Review Necessary
Officer:		Date:					
Reviewed by DTR/SNU Supervisor					DTR/SNU Supervisor Action		
Supervisor:					Referral to:	Set up for Appt w/:	No Action Necessary.
Date:					For Assessment	For further Review	See Comments.
Comments:					FINAL ACTION		
					Assessed By:	Voluntary Referral to:	Assessed No Referral Needed
					Modify Conditions		