

**Reason for seeking treatment**

Substance: \_\_\_\_\_ How long using? \_\_\_\_\_

How much? \_\_\_\_\_ How often? \_\_\_\_\_

Has your drug use ever resulted in medical or legal problems? ( ) N ( ) Y (Please describe) \_\_\_\_\_

Have you ever been treated for substance dependence or misuse (eg, detoxification program)? ( ) N ( ) Y

(Please describe setting and length) \_\_\_\_\_

Have you ever tried to quit on your own? ( ) N ( ) Y (Please describe) \_\_\_\_\_

Have you ever been treated by a psychiatrist? ( ) N ( ) Y (Please describe treatment reason, setting, and length)

Does anyone in your family (mother, father, brother/ sister, child, aunt/ uncle, or grand parent) have a history of substance abuse? (Please describe) \_\_\_\_\_

**Domestic Situation**

1. With whom do you live? \_\_\_\_\_

2. Are there any substance abuse issues in the household? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

3. Are you able to take care of yourself? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please provide your caregiver's name \_\_\_\_\_

**Work History**

Occupation

Years Worked

Reason for leaving

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**Legal Matters**

4. Are you presently involved in a lawsuit? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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