

DRUGS



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. What was the date of the initial treatment or diagnosis? _____
2. What is client's:
Marital status: _____
Occupation: _____
Length of employment: _____
3. Is client an active member of a drug use recovery group?
__no
__yes; how long? _____
4. Has client ever joined and then left a drug use recovery group?
__no
__yes; give reason _____
5. What drug(s) were used or abused? (name of drug and dates of usage)
6. Were there any relapses from sobriety/abstinence?
__no
__yes; please list dates _____
7. Has client ever been convicted of any drug-related activity?
__no
__yes; please give details _____
8. Have there been physical complications or additional psychiatric problems?
__no
__yes; please give details _____
9. What is client's current level of alcohol consumption? _____
10. Is client taking any medications? (accurate name, dosage, and reason)
11. Does client have any other health issues?
(Additional questionnaires may be required)