



Client Demographic Information and ID Form

(Please fill out the information to the best of your knowledge)

Name: _____ Age: _____ SSN _____ - _____ - _____ DOB: ____/____/____
 Last Middle First

Address: _____ Street _____ City _____ State _____ Zip _____

Phone: C () _____ - _____ W () _____ - _____ EMAIL: _____

Mother (If Minor) _____ Age: _____ Occupation: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Phone: C () _____ - _____ W () _____ - _____

Father: (If Minor) _____ Age: _____ Occupation: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Phone: C () _____ - _____ W () _____ - _____

Emergency Contact: _____ Relationship: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Phone: C () _____ - _____ W () _____ - _____ EMAIL: _____

Tx Center: _____ Tx Admit Date: ____/____/____ Tx Discharge Date: ____/____/____

Tx Counselor: _____ Type of Discharge: _____

Address: _____ Street _____ City _____ State _____ Zip _____

*(CONTACT) Phone: () _____ - _____ *(FAX) Phone: () _____ - _____

* H-Home, O-Office, C-Cell phone, F-Fax, S.O.-Significant Other

Insurance

Primary Insurance: _____ Subscriber ID#: _____

Subscriber Name: _____ Relationship to Patient: _____

LA Medicaid Number: _____

Secondary Insurance: _____ Subscriber ID#: _____

Subscriber Name: _____ Relationship to Patient: _____

Ethnic Background:

Asian : _____ Black/African: _____ American White: _____
Hispanic: _____ Native American: _____ Hawaiian/Other Pacific; _____
Oriental: _____ Other: _____

Language:

English: _____ Spanish: _____ Other: _____

Legal:

Have you ever been arrested: ____ Yes ____ No

If yes. How many times: _____.

Have you very been convicted of a: ____ Felony ____ Misdemeanor

Are you currently on: ____ Pre-trial Intervention ____ Probation ____ Parole ____ Awaiting Court
____ None of the Above.

Are you court-ordered to treatment: ____ Yes ____ No

If yes, please explain: _____

Drug of Choice (which drug or drugs or alcohol have you used the most in the past 12 months):

Check off all that apply:

Alcohol	<input type="checkbox"/>	Benzos	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	LSD/Hallucinogens	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	Barbiturates	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	Ecstasy	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	Synthetics (ex: wax, vapes, gummies, Synthetic weed, Ext....)	<input type="checkbox"/>
Opioids/Pain Pills	<input type="checkbox"/>		<input type="checkbox"/>

Any history of Detox/Withdrawals: ____ Yes ____ No Number of times in the past 12-months: _____

If yes, please explain: _____

TREATMENT HISTORY

Have you been to Substance Abuse Treatment in your lifetime: (place yes for each one you have attended):

Inpatient/Residential: _____ Extended Care: _____ Intensive Outpatient Program: _____

MENTAL HEALTH HISTORY

Current Symptoms Checklist: (Place a check for any symptom that you are experiencing)

Depressed Mood		Fatigue	
Unable to enjoy activities		Racing thoughts	
Social withdrawal/isolation		Impulsive	
Sleep pattern disturbance		Increased risky behavior	
Loss of Interest		Decrease needs for sleep	
Change in appetite		Excessive energy	
Concentration/forgetfulness		Shame	
Excessive guilt		Increased irritability	
Crying spells		Excessive worry	
Anxiety		Avoidance	
Hallucinations		Suspiciousness	
Anger		Cravings	
PTSD		Unable to fall asleep	

Are you currently or in the past 12 months seen a Mental Health Professional/Psychiatrist: _____

If yes, what is their name: _____.

What was the reason for treatment: _____.

Suicidal History: _____.

Homicidal History: _____.

Assault History: _____.

Medications: (Please list all medications you are currently taking)

Name	Dosage	Last time taken

EMPLOYMENT HISTORY:

Are you currently employed: ____ Full-time ____ Part-time ____ Unemployed ____ Self Employed

What is your job title or position: _____.

EDUCATION HISTORY

Highest grade completed in school: _____.

Did you graduate High School: ____ Yes ____ No ____ Diploma ____ GED

Did you attend college or trade school: College ____ Yes ____ No Trade School ____ Yes ____ No

FAMILY/RELATIONSHIP HISTORY

Where were you born: _____.

Relationship Status: (Check off Which Applies)

Single	
Married	
Separated	
Divorced	
Partnered	

How many children do you have: _____.

Who do you live with: _____.

FOR IDENTIFICATION PURPOSES ONLY:

DESCRIPTION: HEIGHT ____' ____" WEIGHT _____ lbs HAIR _____ EYES _____

ETHNIC BACKGROUND: ____ Caucasian ____ African/American ____ Native American ____ Hispanic/
American
____ Oriental ____ Other: _____

IDENTIFYING MARKS: (Tattoos, Scars, Birthmarks, ect.) _____
