**Client Name:**   **Date:**

Date of Birth: / / Age: Client SSN:

🞎 Male 🞎 Female

**Mailing Address:**  P. O. Box:

City: State: Zip:

Physical Address (if different from above):

Home Phone: Cell / Track Phone: Work Phone:

**Medical History:**

Describe your current physical health: 🞎 Good 🞎 Fair 🞎 Poor

Name of Primary Care Physician: Phone:

Name of Psychiatrist (if any): Phone:

Describe any abnormal test results and dates:

Is there any history of any of the following in the family?

🞎 Tuberculosis 🞎 Birth Defects 🞎 Emotional Problems 🞎 Behavior Problems

🞎 Thyroid Problems 🞎 Cancer 🞎 Mental Retardation 🞎 Heart Disease

🞎 High Blood Pressure 🞎 Alcoholism 🞎 Drug Abuse 🞎 Diabetes

🞎 Alzheimer's/Dementia 🞎 Stroke 🞎 Other Chronic or Serious Health Problems:

Describe any serious hospitalizations or accidents:

Date: Age: Reason:

Date: Age: Reason:

Date: Age: Reason:

**Mental Health / Emotional History:**

Have you had prior outpatient psychotherapy? 🞎 Yes 🞎 No

If so, what dates and where?

Has any family member had prior outpatient psychotherapy? 🞎 Yes 🞎 No

If so, what dates and where?

Have you had prior inpatient treatment for a psychiatric / emotional disorder? 🞎 Yes 🞎 No

If so, what dates and where?

Has any family member had prior inpatient treatment for a psychiatric / emotional disorder? 🞎 Yes 🞎 No

If so, what dates and where?

**Substance Use History:**

**Family Alcohol / Drug Abuse History:**

🞎 Father 🞎 Mother 🞎 Grandparent(s) 🞎 Sibling(s) 🞎 Stepparent/Live-in

🞎 Uncle(s)/Aunt(s) 🞎 Spouse/Significant Other 🞎 Other

**Substance Use Status:**

🞎 No History of Abuse 🞎 Active Abuse 🞎 Early Full Remission

🞎 Early Partial Remission 🞎 Sustained Full Remission 🞎 Sustained Partial Remission

**Substance Abuse Treatment History:**

🞎 Outpatient (ages ) 🞎 Inpatient (ages )

🞎 12-Step Program (ages ) 🞎 Stopped on Own (ages )

🞎 Other (ages ) Describe:

**Substances Used:** First Use Age Last Use Age Current Use? Frequency Amount

🞎 Alcohol

🞎 Amphetamine/Meth

🞎 Barbiturates

🞎 Caffeine

🞎 Cocaine

🞎 Crack Cocaine

🞎 Hallucinogens

🞎 Inhalants

🞎 Marijuana/Hashish

🞎 Nicotine/Cigarettes

🞎 Opiates

🞎 PCP

🞎 Prescription

🞎 Other

**Socio-Economic History:**

**Living Situation:**

🞎 Housing Adequate 🞎 Homeless 🞎 Housing Overcrowded 🞎 Living with Others

🞎 Housing Unsafe / Inadequate 🞎 Living Companions Are Dysfunctional

**Employment:**

🞎 Employed and Satisfied 🞎 Employed but Dissatisfied 🞎 Unemployed

🞎 Coworker Conflicts 🞎 Unstable Work History 🞎 Disabled:

**Financial Situation:**

🞎 No Current Financial Problems 🞎 Large Indebtedness 🞎 Poverty or Below-Poverty Income

🞎 Impulsive Spending 🞎 Relationship Conflicts over Finances

**Social Support System:**

🞎 Supportive Network 🞎 Few Friends 🞎 Substance-Use-Based Friends

🞎 No Friends 🞎 Distant from Family of Origin

**Military History:**

🞎 Never in Military 🞎 Served in Military / No Incident 🞎 Served in Military w/ Incident

**Legal History:**

🞎 No Legal Problems 🞎 Now on Probation/Parole 🞎 Arrest(s) not Substance-Related

🞎 Arrest(s) Substance-Related 🞎 Court-Ordered This Treatment

🞎 Jail/Prison Times. Total Time Served: Describe Last Legal Difficulty:

**Sexual History:**

🞎 Heterosexual Orientation 🞎 Homosexual Orientation 🞎 Bisexual Orientation

🞎 Currently Sexually Active 🞎 Currently Sexually Satisfied 🞎 Currently Sexually Dissatisfied

🞎 Age First Sexual Experience: 🞎 Age First Pregnancy/Fatherhood:

**Cultural / Spiritual / Recreational History:**

Cultural Identity (ethnicity, religion):

Describe Any Cultural Issues that Contribute to Current Problem:

Currently Active in Community/Recreational Activities? 🞎 Yes 🞎 No

Formerly Active in Community/Recreational Activities? 🞎 Yes 🞎 No

Currently Engage in Hobbies? 🞎 Yes 🞎 No Currently Engage in Spiritual Activities? 🞎 Yes 🞎 No

If Answered "Yes" to Any of Above, Describe: