

**SUBSTANCE USE**

Explain any family history of substance abuse:

---



---



---

Have you ever had a drink or used drugs first thing in the morning to steady your nerves, get rid of a hangover, or to get the day started?  Yes  No

Have you ever experienced a blackout while using a substance?  Yes  No

Are you or have you experienced any withdrawal symptoms?  Yes  No

Please explain: \_\_\_\_\_

---

What has been adversely affected because of your substance use? (Check all that apply)

Financial  Employment/School  Physical health

Legal  Relationships  Mental health

What has been your longest period of abstinence from substances?

---

Have you ever received any Substance Abuse Treatment?  Yes  No

If yes: \_\_\_\_\_  Inpatient  Outpatient  
Date Location/Counselor

Did prior substance abuse treatment help?  N/A  Yes  No

Please explain: \_\_\_\_\_

---

Explain what treatment approach would be most helpful for you at this time:

---



---

What do changes do you expect to see in yourself and family from successful treatment?

---



---

STAFF NOTES

**Santa Rosa Counseling Center**

5642 Jones Street, Milton, Florida 32570

Office (850) 626-7779 Fax (850) 626-7171

santarosacounselingcenter.com

REV 06/30/2014

Page 1 of 2

Please describe your history of substance use below:

**STAFF NOTES**

Substance Type	Method of use and amount	Frequency of Use	Age of first use	Age of last use	Use in last 48 hours		Used in last 30 days	
					Yes	No	Yes	No
Alcohol								
Barbiturates								
Cocaine/Crack								
Hallucinogens								
Heroin/Opiates								
Inhalants								
Marijuana								
Methadone								
Methamphetamine								
Nicotine/Tobacco								
Prescription pills †								
Other _____								

† Circle all that apply: Lortab | OxyContin | Darvocet | Percocet | Xanax | Soma | Valium

Patient Name

Patient Signature

Date

**PROVIDER SIGNATURE**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> K. ALESIA WILLIS, LMFT, LMHC | <input type="checkbox"/> SUE GESSLER, LMHC       | <input type="checkbox"/> BRANDY INGRAM, LCSW    |
| <input type="checkbox"/> BRIAN E. WILLIS, LMHC        | <input type="checkbox"/> BRITTANY PAQUETTE, LMHC | <input type="checkbox"/> ROBERT FILLINGIM, LMHC |
| <input type="checkbox"/> MELISSA D. GARNER, LMHC      | <input type="checkbox"/> BREE CONKLIN, LCSW      | <input type="checkbox"/> JACOB DAVIS, M.S.      |