

CLIENT NAME: _____ DATE: _____

IMMEDIATE FAMILY

Marital Status:

- Single, never married
- Engaged _____ months
- Married for _____ years
- Divorced for _____ years
- Separated for _____ years
- Divorce in progress _____ months
- Live-in for _____ years
- _____ prior marriages (self)
- _____ prior marriages (partner)

Intimate relationship:

- never been in a serious relationship
- not currently in relationship
- currently in a serious relationship

Relationship satisfaction:

- very satisfied with relationship
- satisfied with relationship
- somewhat satisfied with relationship
- dissatisfied with relationship
- very dissatisfied with relationship

List all persons currently living in your household:

Name	Age	Sex	Relationship to patient
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List children not living in same household as you:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Frequency of visitation of above: _____

Describe any past or current significant issues in intimate relationships: _____

Describe any past or current significant issues in other immediate family relationships: _____

MEDICAL HISTORY (check all that apply for patient)

Describe current physical health: Good Fair Poor

Is there a history of any of the following in the family:

List name of primary care physician:

Name: _____ Phone: _____

List name of psychiatrist: (if any):

Name: _____ Phone: _____

List any medications currently being taken (give dosage & reason):

- tuberculosis
- birth defects
- emotional problems
- behavior problems
- thyroid problems
- cancer
- mental retardation
- heart disease
- stroke
- high blood pressure
- alcoholism
- drug abuse
- diabetes
- Alzheimer's disease/dementia
- other chronic or serious health problems (specify) _____

SUBSTANCE USE HISTORY (check all that apply)

Family alcohol/drug abuse history:

- father
- stepparent/live-in
- mother
- uncle(s)/aunt(s)
- grandparent(s)
- spouse/significant other
- sibling(s)
- children
- other _____

Substance use status:

- no history of abuse
- active abuse
- early full remission
- early partial remission
- sustained full remission
- sustained partial remission

Treatment History

- outpatient (age[s] _____)
 - inpatient (age[s] _____)
 - 12-step program (age[s] _____)
 - stopped on own (age[s] _____)
 - other (age[s] _____)
- Describe: _____

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Substances used: (complete all that apply)	First use (age)	Last use (age)	Current Use (Y/N)	Frequency	Amount
<input type="checkbox"/> alcohol	_____	_____	_____	_____	_____
<input type="checkbox"/> amphetamines/speed	_____	_____	_____	_____	_____
<input type="checkbox"/> barbiturates/owners	_____	_____	_____	_____	_____
<input type="checkbox"/> caffeine	_____	_____	_____	_____	_____
<input type="checkbox"/> cocaine	_____	_____	_____	_____	_____
<input type="checkbox"/> crack cocaine	_____	_____	_____	_____	_____
<input type="checkbox"/> hallucinogens (e.g., LSD)	_____	_____	_____	_____	_____
<input type="checkbox"/> inhalants (e.g., glue, gas)	_____	_____	_____	_____	_____
<input type="checkbox"/> marijuana or hashish	_____	_____	_____	_____	_____
<input type="checkbox"/> nicotine/cigarettes	_____	_____	_____	_____	_____
<input type="checkbox"/> PCP	_____	_____	_____	_____	_____
<input type="checkbox"/> prescription	_____	_____	_____	_____	_____
<input type="checkbox"/> other _____	_____	_____	_____	_____	_____

Consequences of substance abuse
(check all that apply):

- hangovers
- seizures
- blackouts
- overdose
- withdrawal symptoms
- medical conditions
- tolerance changes
- loss of control amount used
- relationship conflicts
- sleep disturbance
- assaults
- suicidal impulse
- binges
- job loss
- arrests
- other _____

SOCIO-ECONOMIC HISTORY (check all that apply for patient)

<p>Living situation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> housing adequate <input type="checkbox"/> homeless <input type="checkbox"/> housing overcrowded <input type="checkbox"/> dependent on others for housing <input type="checkbox"/> housing dangerous/deteriorating <input type="checkbox"/> living companions dysfunctional <p>Employment:</p> <ul style="list-style-type: none"> <input type="checkbox"/> employed and satisfied <input type="checkbox"/> employed but dissatisfied <input type="checkbox"/> unemployed <input type="checkbox"/> coworker conflicts <input type="checkbox"/> supervisor conflicts <input type="checkbox"/> unstable work history <input type="checkbox"/> disabled: _____ 	<p>Social support system:</p> <ul style="list-style-type: none"> <input type="checkbox"/> supportive network <input type="checkbox"/> few friends <input type="checkbox"/> substance-use-based friends <input type="checkbox"/> no friends <input type="checkbox"/> distant from family of origin <p>Military history:</p> <ul style="list-style-type: none"> <input type="checkbox"/> never in military <input type="checkbox"/> served in military - no incident <input type="checkbox"/> served in military - with incident 	<p>Sexual history:</p> <ul style="list-style-type: none"> <input type="checkbox"/> heterosexual orientation <input type="checkbox"/> homosexual orientation <input type="checkbox"/> bisexual orientation <input type="checkbox"/> currently sexually active <input type="checkbox"/> currently sexually satisfied <input type="checkbox"/> currently sexually dissatisfied <input type="checkbox"/> age first sex experience _____ <input type="checkbox"/> age first pregnancy/fatherhood _____ <input type="checkbox"/> history of promiscuity age ____ to ____ <input type="checkbox"/> history of unsafe sex age ____ to ____ <input type="checkbox"/> Additional information: _____ 	<p>Financial situation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> no current financial problems <input type="checkbox"/> large indebtedness <input type="checkbox"/> poverty or below-poverty income <input type="checkbox"/> impulsive spending <input type="checkbox"/> relationship conflicts over finances <p>Legal history:</p> <ul style="list-style-type: none"> <input type="checkbox"/> no legal problems <input type="checkbox"/> now on parole/probation <input type="checkbox"/> arrest(s) not substance-related <input type="checkbox"/> arrest(s) substance-related <input type="checkbox"/> court ordered this treatment <input type="checkbox"/> jail/prison _____ time(s) total time served: _____ describe last legal difficult: _____
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CULTURAL/SPIRITUAL/RECREATIONAL HISTORY

Cultural identity (e.g., ethnicity, religion): _____

Describe any cultural issues that contribute to current problem: _____

Currently active in community/recreational activities? Yes No

Currently engage in hobbies? Yes No

Formerly active in community/recreational activities? Yes No

Currently participate in spiritual activities? Yes No

If answered "yes" to any of above, describe: _____

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TO BE COMPLETED BY THERAPIST

SOURCES OF DATA PROVIDED ABOVE:

Patient self-report for all A variety of sources (if so, check appropriate sources below):

Presenting Problems/Symptoms

- client self-report
- client's parent/guardian
- other (specify) _____

Family History

- client self-report
- client's parent/guardian
- other (specify) _____

Developmental History

- client self-report
- client's parent/guardian
- other (specify) _____

Emotional/Psychiatric History

- client self-report
- client's parent/guardian
- other (specify) _____

Medical/Substance Use History

- client self-report
- client's parent/guardian
- other (specify) _____

Socioeconomic History

- client self-report
- client's parent/guardian
- other (specify) _____