

Substance Abuse History:

At what age did you start using drugs and/or alcohol? _____

What drugs have you used? (Including alcohol)

Method of use:

Oral

IV (inject)

inhale (smoke)

nasal (snort)

Other

Describe: _____

Past treatment attempts:

When - _____

Where - _____

How long - _____

Results - _____

Counsellor's comments:

Family History:

Does anyone in the your immediate (blood) family have, or has ever had a drug or alcohol abuse problem?

Yes No

If yes, please explain:

Have you experienced any recent losses (death, divorce, or separations) in your family?

Yes No

If yes, please explain:

Ethnic/cultural background:

- First Nations (Native)**
- Euro - North American**
- European**
- African**
- Asian**
- Middle East**

Counsellor's comments:

Social History:

Marital status:

Single

Married

Divorced

Widowed

What is your sexual preference?

Heterosexual

Homosexual

Bisexual

How many times have you been married, or lived in a common law, or partnership relationship? _____

Please describe current and past marriages, common law marriages, and/or partnership relationships:

Do you have any children?

Yes **No**

If yes, number, gender, and ages for each:

Who has parenting responsibilities?

Has your circle of friends changed?

Yes **No**

What is your religious background?

Please explain:

Do you currently believe in a higher power?

Please explain:

Have you enjoyed any social activities in the past?

If yes, specify:

Has there been a movement toward non-involvement in those activities?

If yes, please explain:

Counsellor's comments:

Legal History:

Do you have a valid driver's license?

Yes No

Have you ever had a driver's license revoked, or suspended?

Yes No

If yes, please explain:

Have you ever been arrested?

Yes No

If yes, please explain:

Have you committed any crimes to support your use of the substance, or substances you use?

Yes No

If yes, please explain:

Are you currently committing any crimes to support your use of the substance, or substances?

Yes No

If yes, please explain:

Educational History:

Highest grade completed in grade school:

1 2 3 4 5 6 7 8 9 10 11 12

College:

Yes

No

If yes, please explain:

University:

Yes

No

If yes, please explain:

Vocational Tech?

Yes

No

If yes, please explain:

Any future educational plans? Yes

No

If yes, please explain:

Counsellor's comments:

Psychological and Behavioral History:

Have you ever been diagnosed and treated for any psychological or emotional problems?

Yes No

If yes, please specify for what and when:

Were you an outpatient or inpatient?

Yes No

If yes, please explain:

Were you prescribed medication for any psychological/emotional problem?

Yes No

If yes, please list what drugs were prescribed and length of use:

Counsellor's comments:
