

LifeStyle by Choice

CLIENT _____ Nickname _____ Date _____

ADDRESS

(Route, Street, etc.) (City) (State) (ZIP)

E-mail _____ Home Phone _____ Cell Phone _____

AGE ____ REFERRAL SOURCE _____

FAMILY HISTORY

Place of birth _____ Place raised _____

What is your nationality/cultural decent? _____

Father's name _____ Age ____ His occupation _____

Health to include his alcohol/drug history

Mother's name _____ Age ____ Her occupation _____

Health to include her alcohol/drug use

Where do your parents live now? Mother _____ Father _____

Stepmother's name _____ Age ____ D.O.B. _____

Educational level _____

Her occupation

Health to include her alcohol/drug use

Stepfather's name _____ Age _____ D.O.B. _____

Educational level _____

His occupation

Health to include his alcohol/drug use

Where does your step mother/father live now? _____

Were you ever placed in foster care? _____

If yes, explain

LIST BROTHERS & SISTERS (circle stepbrothers & sisters)
Name Sex Age Residence Occupation Health & drug use history

Psychological / Social History

MARITAL STATUS

Currently married? NO ___ YES ___ How long _____ Date married _____

Spouses name _____ Age _____ Birthplace _____

Education _____ Occupation _____

Spouse's health, alcohol/drug use _____

How is your marriage _____

What are your concerns for the marriage if any _____

List previous marriages Name Dates to/from Reason for divorce

LIST YOUR CHILDREN (circle names of stepchildren) Name Sex Age School grade or occupation Health & Alcohol/drug use

PHYSICAL / EMOTIONAL HEALTH (For counselors use only) Mini-Mental Exam

Oriented to time, place and person _____

Psychological / Social History

PHYSICAL / EMOTIONAL HEALTH

List hospitalizations for physical / emotional problems Hospital When - Mth / Year Reason

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

List medications you are taking, the amount and why you are taking them? Medication Amount Reason

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

How is your appetite _____

How do you sleep _____

How often do you eat during the day _____ Do you have a weight problem Yes ___ NO ___

If so please explain

Do you perform personal hygiene on a daily basis _____

Do you feel depressed/down Yes ___ No ___ How often _____

Do you notice any problems with concentration/attention span Yes ___ No ___

Does your mind/body feel hyped up Yes ___ No ___

If so how often & what times of the day _____

Do you feel manic, anxious or excitable Yes ___ No ___

If so how often & what times of the day Suicide thoughts _____ Any suicide attempts Yes ___ NO ___

How & when _____

Are you currently having suicidal thoughts Yes ___ No ___

Please Explain Do you anger easily Yes ___ No ___ How often _____

How do you act when angry _____ Have you ever become violent Yes ___ No ___

If yes please explain

Have you ever had homicidal (killing someone) behaviors, thoughts or plans, either in the past or presently?

Yes ____ NO ____ If yes please explain

What is your daily activity pattern like, please explain

What are your strengths

What are your weaknesses

What are your hobbies

Sports interests'

What do you do when you get bored

EDUCATIONAL Educational level _____ Under grad/grad Degrees _____

Describe any special training

What was your average grades _____ Any grades repeated _____

Have you ever been suspended Yes ____ No ____

Explain

Any school related alcohol/drug use _____

What is/was your attitude towards school _____

Would you like to return to school _____

What is your occupational goal?

EMPLOYMENT HISTORY Are you currently employed Yes ____ No ____ Where _____

For how long _____ How many hours per week do you work _____

List employers beginning with the most recent/current, going back 6 years Employer Duties From/To Reason for leaving

Present monthly salary _____ Monthly debts _____ Own/Rent Expense _____

Vehicles owned _____ Are you the sole support of family _____ Percent contributed _____

Are you ever late for work Yes ____ No ____
Why?

Have you lost jobs due to alcohol/drug use

PHYSICAL/SEXUAL HISTORY

Circle sexual preference Male Female Both

Have you ever been sexually/physically abused Yes ___ No ___

By whom _____ For how long _____

Was it reported or dealt with Yes ___ No ___

What is your attitude now towards that person _____

What is your present attitude towards the sexual experience _____

Have you ever sexually/physically abused anyone Yes ___ No ___

Who _____ For how long _____

Was it reported or dealt with _____

Have you ever been physically abused Yes ___ No ___

Explain

SPIRITUAL RELIGIOUS BACKGROUND

Did you grow up in a church environment Yes ___ No ___ Type _____

Family's attitude towards religion _____

Do you attend a church now Yes ___ No ___ How often _____

What is your attitude towards God _____

Towards clergy _____

Towards religion in general _____

Would you say that you are a spiritual person Yes ___ No ___

Describe what makes you a spiritual person

SUPPORT NETWORK

What kind of support do you have at home _____

What kind of support do you have at work/school _____

What kind of community support do you have _____

What support do you get from friends _____

When you use alcohol/drugs do you have special friends that you use with Yes ___ No ___

If you do how many friends do you use with _____

CHEMICAL HISTORY – ALCOHOL

How old at first drink _____ Age at first intoxication _____ Most recent intoxication _____

Drink preference _____

How much do you drink a day _____ How often _____

Explain any changes in your drinking pattern _____

How often do you drink alone _____

Have you lost any time as a result of drinking Yes ___ No ___ Have you lost control Yes ___ No ___

Have you had blackouts or times that you do not remember the next day Yes ___ No ___

Please explain

Have you ever been violent when drinking Yes ___ No ___

Describe situations

Do you become verbally abusive Yes ___ No ___

Describe

Does anyone object to your drinking Yes ___ No ___

Explain

Do you think that you have a drinking problem Yes ___ No ___

For how long

Have you ever been to alcohol treatment Yes ____ No ____

What is the longest time that you have gone without a drink? _____

How has the use of drugs affected the following areas, and how long

Work/School

Relationships

Parents'

Partner

Children

Financial

Physical Health

Emotional Health

Interests'

Sexual

CHEMICAL HISTORY – OTHER THAN ALCOHOL

How old were you the first time you used drugs _____

Your drug preference(s)

How long have you used? _____

Most recent ingestion of each drug _____

Longest time without drugs _____ When _____

Explain any changes in your drug use pattern

List all drugs taken Drug Amount how and long used Last ingestion

How has the use of drugs affected the following areas, and how long

Work/School

Relationships

Parents'

Partner

Children

Financial

Physical Health

Emotional Health _____

Interests? _____

Sexual _____

Have you ever gone to N/A meetings Yes ____ NO ____ Are you chemically dependent Yes ____ No ____

TREATMENT HISTORY

List all previous treatment history. Include medical detoxifications, inpatient, outpatient and halfway house treatment Facility When Treatment Type Discharge Status

LEGAL HISTORY

Legal separations: _____

Divorce _____

DWI's _____

Other legal difficulties Offense Date Consequence

How many of these were alcohol related _____

Are you on probation or parole Yes ____ No ____ For how long _____

Name and address of probation officer

How do you get along with your probation officer? _____

Any comments

Writer _____ Date _____