

Client's Name: _____

Date: _____

Occupation: _____

Please answer the following questions, which may be discussed further during your evaluation.

1) Previous Treatment History - Mental Health/Drug & Alcohol Treatment

Dates	Facility/Therapist	Type of Treatment	Outcome
		Outpatient, inpatient, Mental Health, Drug and alcohol, Family-Based, Wraparound	(Successful, Left Against Medical Advice, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How did you feel about your treatment? _____

2) Tobacco Use History

Do you currently use tobacco products? Yes No
 If yes, identify form of tobacco: Cigarettes Cigars/Pipes Chewing Tobacco Snuff
 How long have you used? _____ How much do you use? _____

Have you ever used tobacco products in the past? Yes No
 If yes, identify form of tobacco: Cigarettes Cigars/Pipes Chewing Tobacco Snuff
 How long have you used? _____ How much do you use? _____
 Date of last use: _____

3) History /Screening of Abuse (Physical, sexual, emotional, verbal)

Have you ever been verbally, emotionally or physically abused by your partner or someone important to you?
 Yes No
 If yes, explain: _____

Have you ever witnessed abuse from or to someone who is close to you?
 Yes No
 If yes, explain: _____

Have you been hit, kicked, punched or otherwise hurt by your partner or someone close to you within the past year?
 Yes No
 If yes, explain: _____

Is there anyone in your life that you are afraid of?
 Yes No
 If yes, explain: _____

Have you ever had a sexual experience that was uncomfortable/hurtful?
 Yes No
 If yes, explain: _____

Have you ever been sexually abused?
 Yes No
 If yes, explain: _____

4) Legal Issues

Are you currently on probation? Yes No If yes, explain reason: _____

_____ Name of PO: _____

Have you ever been on probation, been incarcerated or had any legal issues/problems? Yes No

If yes, explain: _____

5) Current Household

Single Married ____ (#of years) Separated/Divorced Widowed

How do you describe your sexual orientation? _____

Describe your current marriage or relationship: _____

Describe previous marriage (s) and divorce (s): _____

Recent changes in family: _____

Name	Age	Do you live with this person? Y/N	Describe Relationship/Personality
			What is/was this person like? What was it like growing up?
			How is your current relationship? Do you communicate often?
Mother			
Father			
Step_____			
Step_____			
Sibling			
Sibling			
Sibling			
Spouse			
Signif Other			
Child			
Child			
Child			

X _____
 Client Signature Date

X _____
 Therapist Signature Date