

Deborah Meints-Pierson
REASON WHY YOU ARE HERE

____ Marital ____ Parenting ____ Addiction ____ Violence ____ Occupation
____ Family ____ Anger ____ Other

MEDICAL INFORMATION

1. List any medical and/or psychological issues (i.e., diabetes, depression)

2. List all current medications

Name	Dosage	Condition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Please list any and all psychiatric hospitalizations and chemical dependency treatments

ALCOHOL AND OTHER CHEMICAL USE

Have you ever abused any of the following drugs:

	Yes	No		Yes	No
Alcohol	___	___	Pain Medication	___	___
Caffeine	___	___	Marijuana	___	___
Tobacco	___	___	PCP/LSD	___	___
Tranquilizers	___	___	Heroin/Methadone	___	___
Barbiturates	___	___	Inhalants, glue, etc.	___	___
Amphetamines/Speed	___	___	IV drug use	___	___
Sleeping Pills	___	___	Designer drug use*	___	___
			* Exstasy, GHB, Ketamine		

Are you in recovery and for how long? _____

Additional information that you think is important for understanding your situation

CLIENT SIGNATURE

DATE