

Additional History

Name _____

DOB _____

Please fill out completely and honestly. All information is kept confidential. Substance abuse treatment requires multidisciplinary treatment. Your doctor will work with you on a treatment plan which may include medications that will include referrals for individual counseling, and in some cases, inpatient or residential treatment facilities.

What are you seeking treatment for?

Have you been in treatment before? Yes/No

If yes, please tell us where, when, and why:

Substance Used	Amount	Most Ever Used	Age at 1 st use	Last Use	Comment
Example: lortab	10 mg tabs 10/day	15 pills/day	19	Yesterday 2 PM	Buying off street
Tobacco					
Alcohol					
Marijuana/Spice					
Prescription Drugs					
Heroin					
Amphetamines					
Methamphetamines					
Cocaine/Bath Salts					
Kratom					
Ecstasy					
Inhalants					
LSD					
Other					

History of Depression/Anxiety?

Previous Depression/Anxiety Medications?

Suicide Attempts? Psychiatric Hospitalizations?

Any history of physical/sexual abuse?

Current stressors in your life?

Who is your support system (ie parents, siblings, spouse, significant other, friends)?

Legal Issues/Drug/Alcohol Charges etc? Are you in court ordered treatment?