

ALCOHOL USAGE

Client Name: _____

1. Does client presently consume alcoholic beverages?

Yes No

If yes, list

Beer: Quantity _____oz PER: Day Week Month (select one)

Wine: Quantity _____oz PER: Day Week Month (select one)

Liquor: Quantity _____oz PER: Day Week Month (select one)

2. What was the date of initial treatment or diagnosis?

_____/_____/_____

3. Were there any relapses from sobriety/abstinence?

no

yes, please list dates _____

4. Were there any legal problems (such as DUI) or other?

no

yes, please give details including dates:

5. Have there been physical complications or additional psychiatric problems?

no

yes, please give details, including use of other substances such as marijuana or cocaine _____

6. Does client currently participate in a group such as Alcoholic Anonymous?

yes no

7. Please list current medications: (name, dosage and reason for meds)

8. What is client's:

Marital Status: _____

Occupation: _____

Length of employment: _____

9. Does client have any other major health problems?

(Additional questionnaires maybe required)