

#### ADULT INTAKE

Name \_\_\_\_\_ Phone \_\_\_\_\_

#### HEALTH DATA

Your Physician (Full name) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you have any current medical problem please describe them and include any infectious diseases

\_\_\_\_\_

\_\_\_\_\_

Are your medical problems being treated? \_\_\_\_Y: \_\_\_\_N: If yes by whom? \_\_\_\_\_

Date of most recent physical: \_\_\_\_\_

What medications are you're currently taking? \_\_\_\_\_

Have you ever had a drug allergy or sensitivity? \_\_\_\_Y: \_\_\_\_N: If yes to what drug? \_\_\_\_\_

Have you ever seen any of the following to help with a problem? Please check

Psychiatrist \_\_\_\_: Psychologist \_\_\_\_: Social worker \_\_\_\_: Counselor \_\_\_\_: Minister \_\_\_\_: Chemical Dependency  
Counselor \_\_\_\_: For what? \_\_\_\_\_ When? \_\_\_\_\_

Previous psychiatric or chemical dependency hospitalization? \_\_\_\_Y: \_\_\_\_N: If Yes Where? \_\_\_\_\_ When? \_\_\_\_\_

#### CHEMICAL USE INFORMATION

Do you drink alcoholic beverages? \_\_\_\_Y: \_\_\_\_N: If yes what do you drink \_\_\_\_beer: \_\_\_\_wine: \_\_\_\_hard liquor:

How often do you drink? \_\_\_\_daily: \_\_\_\_3-5 times weekly: \_\_\_\_1-2 times weekly: \_\_\_\_less frequently

Do you sometimes drink more than you planned? \_\_\_\_Y: \_\_\_\_N:

Have family and friends ever expressed concern about your drinking or drug use? \_\_\_\_Y: \_\_\_\_N: If yes which? \_\_\_\_\_

Have you ever been arrested for alcohol or drug related charges: DVI, public intoxication etc.? \_\_\_\_Y: \_\_\_\_N:

Have you ever been treated for drinking or drug problems or gone to AA, NA etc? \_\_\_\_Y: \_\_\_\_N:

Have you ever had episodes where you were unable to remember periods when you were drinking? \_\_\_\_Y: \_\_\_\_N:

Have you ever overdosed? \_\_\_\_Y: \_\_\_\_N:

WHAT HAS BEEN YOUR EXPERIENCE WITH THE FOLLOWING?

Tranquilizers: Valium, Librium, Tranxene, Axene, Miltown, Equanil, Zanax? \_\_\_\_use currently: \_\_\_\_used in past: \_\_\_\_never used

Pain Pills/Narcotics: Darvon;Codein;Percodan;Demerol, Dilaudid, Heroin? \_\_\_\_use currently: \_\_\_\_used in past: \_\_\_\_never used

Stimulants: Amphetamines, Speed, Dexedrine, Ritalin, White Crosses, Sip, Cocaine and its derivatives ie, crack, crank

\_\_\_\_use currently: \_\_\_\_used in past: \_\_\_\_never used

Sleeping Pills/Soporidics: Doriden, Placidyl, Dalmane, Seconal, Tuinal, Nembutal, Amytal, Phenobarbital, Noctec, Somnos

\_\_\_\_use currently: \_\_\_\_used in past: \_\_\_\_never used

Hallucinogens: Marijuana, Hashish, THC, LSD, Mescaline, Psilocybin, MDA, PCP, Angel Dust, Mushrooms

\_\_\_\_use currently: \_\_\_\_used in past: \_\_\_\_never used

Volatiles: Aerosols, Paint Thinner, Glue, Lacquer, Amyl or Butyl, Nitrate, "Poppers", Gasoline

\_\_\_\_use currently: \_\_\_\_used in past: \_\_\_\_never used

Nicotine: Include cigarette, cigars, chew: \_\_\_\_use currently: and amount \_\_\_\_: \_\_\_\_used in past: \_\_\_\_never used

#### FAMILY MEMBERS

Spouse or significant other: \_\_\_\_\_ age \_\_\_\_: emotional problems: \_\_\_\_Y: \_\_\_\_N:

Living: \_\_\_\_Y: \_\_\_\_N: Occupation \_\_\_\_\_

Mother's Name: \_\_\_\_\_ age \_\_\_\_: emotional problems: \_\_\_\_Y: \_\_\_\_N:

Living: \_\_\_\_ Y: \_\_\_\_ N: Occupation \_\_\_\_\_

Father's Name: \_\_\_\_\_ age \_\_\_\_: emotional problems: \_\_\_\_ Y: \_\_\_\_ N:

Living: \_\_\_\_ Y: \_\_\_\_ N: Occupation \_\_\_\_\_

Stepmother's Name (if applicable): \_\_\_\_\_ age \_\_\_\_: emotional problems: \_\_\_\_ Y:  
\_\_\_\_ N: Living: \_\_\_\_ Y: \_\_\_\_ N: Occupation \_\_\_\_\_

Stepfather's Name (if applicable): \_\_\_\_\_ age \_\_\_\_: emotional problems: \_\_\_\_ Y: \_\_\_\_ N:

Living: \_\_\_\_ Y: \_\_\_\_ N: Occupation \_\_\_\_\_

Other significant person responsible for raising you: \_\_\_\_\_ age \_\_\_\_: emotional Problems:  
\_\_\_\_ Y: \_\_\_\_ N: Living: \_\_\_\_ Y: \_\_\_\_ N: Occupation \_\_\_\_\_

Number of children of person completing form \_\_\_\_: Age of oldest \_\_\_\_: Age of youngest \_\_\_\_: # of deceased \_\_\_\_

Number of brothers & sisters \_\_\_\_: Age of oldest \_\_\_\_: Age of youngest \_\_\_\_: # of deceased \_\_\_\_

Number of other persons living in household and relationship \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_