

Patient Intake/Biophysical Assessment

Intake date:

Appointment Date:

Name:

DOB:

Alcohol/Drug Use

Type:

Quantity:

Length of Use:

Last use:

Previous Drug Treatment:

Inpatient Treatment Locations:

Meetings Attended:

Clean/Sober Time:

Legal Problems:

DWI/DUIs:

Lawyer/Probation Officer:

Psychiatric History:

Psychiatric Treatment:

Family History of Substance Abuse:

Family History of Psychiatric Illnesses:

Medical History(High blood pressure, seizures, Hepatitis C, autoimmune problems, HIV, heart infections, anxiety,depression, bipolar, ect.:

Hospitalizations related to drug use:

Hospitalizations not related to drug use:

Experience with withdrawal or relapse:

Current Prescribed medications:

Family Doctor:

Current Pharmacy: