

## Patient Questionnaire

1. What brings you to counseling at this time:

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2. Current medications:

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3. History of drug use: (age; amount used; length of time used)

AGE

AMOUNT USED

LENGTH OF TIME USED

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4. How has your relationship with family/significant other been affected by your substance use?

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5. How has your chemical use affected the relationship with your children?

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6. Does anyone in your immediate family have a problem with substances?

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7. Past/present major illnesses or injuries:

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8. History of mental health of self and family (include counseling, psychiatrists, psychologists, school counselors, hospitalizations, drug/alcohol rehabilitation experiences):

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9. Personal history (include spouse, siblings, parents, children, significant childhood experiences and memories, current relationships, significant life changes, etc):

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10. History of sexual, physical, or emotional abuse witnessed or experienced (self and/or family members):

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11. History of and current legal issues:

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12. Other relevant issues:

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