Drug and Alcohol Evaluation

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I. Identifying Information:

Full name:

Age:

Gender:

Marital Status:

Occupation:

Referral Source:

II. Reason for Referral:

III. Background Information:

IV. Substance Use History:

Types of substances used:

Age of first use and the pattern of use:

Quantity and frequency of use:

Prior attempts to quit or reduce use:

The route of administration (ingestion, inhalation, injection, etc.):

Any periods of abstinence:

V. Impact of Substance Use:

Physical health consequences: Have any injuries or health conditions caused or worsened by substance use?

Mental health: Does the individual experience depression, anxiety, or other mental health symptoms that may be linked to substance use?

Relationships: Has substance use caused conflict or estrangement in relationships?

Employment and legal consequences: Has the individual lost their job, been arrested, or had other legal problems due to substance use?

VI. Risk and Protective Factors:

VII. Screening and Testing

VIII. Diagnosis:

IX. Recommendations: