

SOCIAL ASSESSMENT / ALCOHOL AND DRUG HISTORY

State Form 46496(3-94)

**Department of Correction
Substance Abuse Program**

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Facility

Date (month, day, year)

Name of client / offender	DOC number	Age	Race	Marital status	<input type="checkbox"/> Divorced
				<input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Widowed

Referred by:

☐ Correctional Officer ☐ Clinical Staff ☐ Court Order ☐ Self ☐ Other (specify) _____

Information sources

CHIEF COMPLAINT / PRESENTING PROBLEM (as perceived by client/family/others: symptoms/behaviors/precipitant)

FAMILY HISTORY: Describe client's nuclear and extended family's history, especially in regard to: childhood history, past and current relationships. History of physical abuse (*abused or abuser*), history of family's chemical use/abuse or psychiatric problems. Assess family's attitude regarding chemical use, important beliefs and values and who influences client's lifestyles. Indicate family's level of support when client begins recovery process.

MILITARY SERVICE: Describe type of duty, history of disciplinary action, type of discharge. Assess the chemical use while in military. Assess indicators of post traumatic stress syndrome.

EDUCATIONAL, VOCATIONAL, FINANCIAL STATUS: Describe the client's educational level/needs, job performance history, and vocational or career status/needs. Assess impact of chemical use in these areas and needs that should be addressed during or after treatment.

SPIRITUALITY: Describe client's spirituality and its level of importance. Determine client's religious faith, practicing or non-practicing and any unresolved issues. Indicate impact of chemical dependency on spirituality and anticipated needs for recovery.

SEXUAL HISTORY: Describe client's sexual development, history of sexual abuse (*abused or abuser*), current attitude towards sexuality, i.e., orientation, comfort level, current functioning. Assess areas or issues that are related to the chemical dependency and those issues that may impact ability to establish and maintain recovery.

DAILY ACTIVITY: Describe the client's typical (*routine*) daily activity pattern. Assess healthy and harmful patterns, their influence on chemical use: the patterns to be altered for recovery, the patterns to be strengthened. Leisure Recreation: identify the activities that make up the client's leisure and recreational time.

LEGAL STATUS: Identify client's legal history and custody issues or pending litigation.

HISTORY OF USE <i>(past to current)</i>										
Substance			Age First Used	What Amounts		Frequency		Where	With Whom	How Taken
	Yes	No		Initial	Current	Initial	Current			
Alcohol										
Marijuana										
Cocaine										
CNS										
Depressants										
Hallucinogen										
Narcotics										
Inhalants										
Current or most recent usage										
Drugs of preference										
Blackouts <i>(specify frequency)</i>								DTs		
Overdose								Hangover		
Tolerance								Attempts to abstain <i>(how long)</i>		
Morning use								Hallucinations		

Consequences of client's use for self and others

Client's physical health and medication

History of substance abuse and/or mental health treatment. Please include both pre and post incarceration.

CLIENT'S STRENGTHS AND LIMITATIONS (therapist's perceptions)

IDENTIFIED CLINICAL PROBLEMS

RECOMMENDED TREATMENT

Signature of substance abuse counselor / clinician

Date signed (month, day, year)