

## ALCOHOL USAGE

CLIENT NAME: \_\_\_\_\_  
Submit the Client Information Questionnaire with this form

1. Does client presently consume alcoholic beverages?

Yes  No

If yes, list

Beer: Quantity \_\_\_\_\_

Wine: Quantity \_\_\_\_\_ Per \_\_\_\_\_, please choose one.

Liquor: Quantity \_\_\_\_\_

2. What was the date of initial treatment or diagnosis? \_\_\_\_/\_\_\_\_/\_\_\_\_ Please provide details:

3. Were there any relapses from sobriety/abstinence?

no

yes; please list dates \_\_\_\_\_

4. Were there any legal problems (such as DUI) or other?

no

yes; please give details including dates:

5. Have there been physical complications or additional psychiatric problems?

no

yes; please give details, including use of other substances such as marijuana or cocaine \_\_\_\_\_

6. Does client currently participate in a group such as Alcoholics Anonymous?

yes  no

7. Please list current medications (accurate name, dosage, and reason):

8. What is client's:

Marital status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Length of employment: \_\_\_\_\_

9. Does client have any other major health problems?