

Substance Abuse History

Are you currently or have you ever struggled with substance abuse? (alcohol, tobacco, marijuana, caffeine, or other)

Yes

No

If you answered yes, please complete the following substance abuse history chart for EACH substance

- Substance
- Ever Used Yes/No
- Age of First Use
- Frequency of Use
- (Daily, Weekly, Monthly)
- Amount Used
- How did you use it? (smoked, injected, etc.)

Alcohol

Marijuana

Cocaine or Crack

Heroin

Amphetamines

Club Drugs (Ecstasy, Inhalants, etc.)

Pain Medication (Oxycontin, Vicodin, etc.)

Benzodiazepines

Hallucinogens

Other

What are the positive effects of this drug use on you? Your relationships? Your education/employment?

What are the negative effects of this drug use on you?

Complete the following chart if you have ever received treatment for a substance abuse issue.

Name of Treatment Program

Type of Treatment (Rehab, Intensive Outpatient Program, Partial Hospitalization, Halfway House, Recovery House, Counseling, Methadone, Suboxone)

Date of Treatment (Month, Year)

Outcome (Any Clean time?)

Legal History

Do you currently have any pending criminal charges?

Yes No

Are you on probation?

Yes No

Name of Probation Officer and County

Have you ever been arrested/convicted of a crime?

Yes No: If yes, complete chart.

List any Arrests/Convictions

Date of Arrests/Convictions

Outcome (Served time, Community Service, Drug/Alcohol Treatment, etc.)