

Substance Assessment Preparation
BRING THIS FORM WITH YOU FILLED OUT!

Please fill out all areas:

LIFETIME CONVICTION HISTORY- "NOT" ARREST DATES!!!

Driving Convictions	Date	Bodily Alcohol Content or Drug Type (if known)	Non-driving Convictions	Date	Bodily Alcohol Content or Drug Type (if known)

LIFETIME TREATMENT HISTORY FOR ALCOHOL OR DRUG USE

Program Type- Any but "NOT" AA, NA, etc.	Beginning and Ending Dates	Name of Program, Leader, Location			

LIFETIME SUPPORT GROUP HISTORY:

Period	Frequency	Type-AA/NA, etc.	Sponsor Yes or No?

LIFETIME ABSTINENCE HISTORY:

Period of Abstinence Beginning and Ending Dates	Abstinence Period Ended by what substance	Why?

List:

Current work:

Goals:

School:

Hobbies:

Church Attendance:

Volunteer Work:

Donate to Charity:

Abstinent Network: