

Alcohol and Drug History

REQUIRED FORM:

This form is an optional document in client file

WHEN:

Completed at Screening/Intake Admission or at the time of Assessment

COMPLETED BY:

Authorized agency representative with client

REQUIRED ELEMENTS:

- **Client Name:** Complete the client's full name.
- **Date:** Complete the date the form is completed.
- **Drug Name:** Complete the name of specific drug or type of alcohol.
- **Age First Used:** Complete the age client first used specific alcohol or drug.
- **Age Regular use began:** Complete the age client used specific alcohol or drug regularly. Regular use refers to the pattern of use becoming more frequent.
- **Frequency 30 Days Prior to Treatment:** Complete the frequency of use. Frequency refers to the number of days the specific alcohol or drug used (i.e., daily, every other day, once a week, etc.).
- **Usual Route:** Complete the usual route of administration. Usual route refers to the preferred method(s) the client uses specific alcohol or drugs (e.g., oral, smoking, inhalation, injection, other).
- **Date last Used:** Complete the last date client used specific alcohol or drugs.
- **Average Amount Used at One Time:** This section refers to amount of alcohol or drug client used at one setting (e.g., four 24 oz of light beer, one gram of heroin, etc.).
- **Problem Rank:** This section reflects the client's self-reported level of concern or problem with specific alcohol or drugs. The ranking is numerical, with number one being the most troubling substance.