

Substance Abuse & Mental Health Assessment Form

Personal Information

Full Name

Date of Birth


Gender

Contact Number

Address

Substance Use History

Substances Used (select all that apply)

Alcohol	
Tobacco	
Marijuana	
Cocaine	
Opioids	

Frequency of Use

Age of First Use

Date of Most Recent Use

Pattern of Use / Comments

Mental Health History

Past or Current Mental Health Diagnoses

Current Symptoms

Psychiatric Hospitalizations (if any)

Current Medications

Past/Current Therapy or Counseling

Risk Assessment

Thoughts of Suicide or Self-Harm

Thoughts of Violence Toward Others

Social & Functional Status

Support System / Relationships

Work / School Status

Legal Problems

Housing Situation

Additional Notes