## **Substance Abuse Assessment**

## **Client Information** Name Date of Birth Gender **Presenting Problem** Describe the main issue(s) **Substance Use History** Substances Used (List all) Frequency of Use **Duration of Use** Date of Last Use **Impact & Consequences** Effects on Health, Family, Work, Legal

**Treatment History** 

Prior Treatment(s)		
Motivation & Goals		
Motivation for Change		
Treatment Goals		
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