

# Substance Abuse Assessment Intake Form

## Personal Information

Full Name

Date of Birth

Gender

Contact Phone

Address

## Emergency Contact

Name

Relationship

Phone

## Substance Use History

Primary Substance of Concern

Duration of Use

Date of Last Use

Frequency of Use

Other Substances Used

## **Treatment History**

Previous Treatment (if any)

Current Medications

## **Mental & Physical Health**

Mental Health Concerns/Diagnosis

Physical Health Issues

## **Other Information**

Legal Issues (if any)

What are your goals for treatment?