

Substance Abuse Program Initial Intake Form

Personal Information

First Name

Last Name

Date of Birth

Gender

Phone Number

Email

Address

Emergency Contact

Name

Relationship

Phone

Referral Information

Referred By

Reason for Referral

Substance Use History

Substances Used

Frequency of Use

Age at First Use

Date of Last Use

Prior Treatment History

Medical & Mental Health

Medical Conditions

Current Medications

Mental Health History

Legal & Social Information

Legal Issues

Current Living Situation

Employment Status

Additional Comments

