

Substance Abuse Evaluation

Personal Information

Full Name

Date of Birth

Gender

Contact Information

Referral Information

Referral Source

Reason for Referral

Substance Use History

Substances Used (type, amount, frequency)

Age of First Use

Date of Last Use

Previous Treatment History

Medical and Psychiatric History

Medical Conditions

Psychiatric History

Social and Family History

Living Situation

Family Substance Use

Employment/Education Status

Legal History

Legal Issues/History

Assessment & Recommendations

Summary/Findings

Diagnosis

Recommendations