

# Indigenous Populations Substance Abuse Form

## Personal Information

Full Name

Date of Birth

Community / Nation

Contact Information

## Substance Use History

Type of Substance Used

Frequency of Use

Duration of Use (in years)

Date Last Used

## Health & Social Impact

Describe Health Impacts

Describe Social or Community Impacts

## Support & Treatment

Previous Support or Treatment Received

Current Needs and Supports Requested

Additional Comments