

Drug and Alcohol Evaluation

I. Identifying Information:

Full name: _____

Age: _____

Gender: _____

Marital Status: _____

Occupation: _____

Referral Source: _____

II. Reason for Referral:

III. Background Information:

IV. Substance Use History:

- Types of substances used:

- Age of first use and the pattern of use:

- Quantity and frequency of use:

- Prior attempts to quit or reduce use:

- The route of administration (ingestion, inhalation, injection, etc.):

- Any periods of abstinence:

V. Impact of Substance Use:

1. **Physical health consequences:** Have any injuries or health conditions caused or worsened by substance use?

2. **Mental health:** Does the individual experience depression, anxiety, or other mental health symptoms that may be linked to substance use?

3. **Relationships:** Has substance use caused conflict or estrangement in relationships?

4. **Employment and legal consequences:** Has the individual lost their job, been arrested, or had other legal problems due to substance use?

VI. Risk and Protective Factors:

VII. Screening and Testing

VIII. Diagnosis:

IX. Recommendations: