

**DR. JOHN GARLOCK  
2010 NEW CLIENT SELF COMPLETED ASSESSMENT**

**YOUR IDENTIFYING INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: M / F Race: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Married: \_\_\_\_\_Y \_\_\_\_\_N Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

**YOUR PRESENTING CONCERNS/PROBLEMS**

Who referred you to me? \_\_\_\_\_  
\_\_\_\_\_

Describe Presenting Concerns/Problems, Events Leading to Referral:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What outcome are you seeking by coming to see Dr. Garlock? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your History of Mental Health/Substance Abuse Treatment**

Have you been in a substance abuse treatment program previously? \_\_\_\_\_  
If yes, complete the following:

Program Name, City and State	Dates	Level of Care:Inpt/ IOP/PHP	Length of program	Did client complete program?	Comments

Have you been diagnosed with an emotional or behavioral disorder by your Physician, a Psychiatrist or another type of mental health professional:

\_\_\_\_\_ Yes \_\_\_\_\_ No What diagnosis? \_\_\_\_\_

Is this condition a current problem for you? \_\_\_\_\_

If it is a current problem, what symptoms are you experiencing that are a problem for you?

What symptoms are you requesting Dr. Garlock to help you with? \_\_\_\_\_

Is this condition causing you to have relationship problems? \_\_\_\_\_

If so, what problems are you having? \_\_\_\_\_

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Is a relationship that you are in causing you to have problems? \_\_\_Y\_\_\_N

If so, how? \_\_\_\_\_

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Do you feel overwhelmed currently? \_\_\_Yes \_\_\_No If so, in what way? \_\_\_

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**SUBSTANCE ABUSE HISTORY/USE AND MEDICATION USE**

Current or most recent pattern of substance use: (What substance, how much, how often. If drinking at home, how much do you buy per week? If illegal substance, do you buy it? Do you think that you have a problem?

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Financial problems related to alcohol or drug use/habit (be specific: i.e. past due car or house payments, loans, stealing, etc.):

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Your reported reasons for substance usage: \_\_\_\_\_

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Can you use more alcohol/drugs without feeling high? \_\_\_\_\_

Have you experienced withdrawal symptoms? (What Kind?) \_\_\_\_\_

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Have you experienced blackouts or forgotten what you have done while drinking or taking mood altering substances?

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Have you ever taken an overdose or lost consciousness while using drugs?

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If you have taken an overdose, please explain specifics, for example was it suicide attempt or accidental overdose? Were you treated for overdose?

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Please list medications and doses are you currently taking, (prescribed or OTC). Include medications for your health, psychiatric meds and natural.

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Are you having any side effects from the medication(s) you are taking?

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Any problems associated with taking your medications? \_\_\_\_\_

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**YOUR FAMILY HISTORY**

Are parents living? \_\_\_\_\_ Mother: (age) \_\_\_\_\_ Father: (age) \_\_\_\_\_

Number of siblings (sex & ages) \_\_\_\_\_

Raised by parents, stepparents, single parent, foster home?

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Were parents separated or divorced? \_\_\_\_\_ if so, was it due to a drinking or drug problem? \_\_\_\_\_ Comments: \_\_\_\_\_

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At what age did you leave home? \_\_\_\_\_ Why? \_\_\_\_\_

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Your opinion of your relationship with your parents and siblings:

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Is there a history of mental health illness or substance abuse among members of your family of origin? If so, who and what substance or illness?

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Cultural background of your family: (economic, religion) \_\_\_\_\_

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**Your Marital/Significant Other History**

Marital/relationship status: \_\_\_\_\_

Number of marriages/divorces: \_\_\_\_\_

How long currently married: \_\_\_\_\_

Number of children (list sex and ages): \_\_\_\_\_

If you have been divorced or separated was divorce(s) or separation(s) related to your (or spouse's) alcohol/drug problem? If yes please explain: Yes \_\_\_ No \_\_\_ More information: \_\_\_\_\_

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Does your current spouse or significant other drink or use drugs? If so, has his/her use resulted in problems in relationship? Yes/No

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Has your current spouse or significant other ever threatened to leave, or left, as a result of your drug/alcohol use? \_\_\_\_\_ if so, please explain.

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Has your current spouse or significant other ever asked you to stop or slow down on use of alcohol or drugs? \_\_\_\_\_ If so, what happened? \_\_\_\_

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Have you ever become physically or verbally abusive to your spouse, significant other, children, or anyone while under the influence of mood altering substances Yes/No If yes give some details \_\_\_\_\_

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Have you ever promised your spouse or significant other you would stop or control drinking or using drugs? \_\_\_\_\_ If so, what happened? \_\_\_\_\_

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Do you make excuses or blame others for your drinking/drug use? \_\_\_\_\_

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Have your children ever asked you to stop or slow down on the use of alcohol or drugs? \_\_\_\_\_

What was your reaction? \_\_\_\_\_

**YOUR SOCIAL/RECREATIONAL ACTIVITIES**

How do you relate to others?\_\_\_\_\_

Problem areas of relationships:\_\_\_\_\_

Describe your peer group and their substance use habits (including alcohol.)\_\_\_\_\_

How often are you in social drug use or drinking situations? (Describe)

How often are you in situations where illegal substances are being used?

List social/recreational activities:\_\_\_\_\_

Do you typically use alcohol or drugs while participating in recreational activities? \_\_\_\_\_

**YOUR LEGAL HISTORY**

DUI's/DWI's; (include Blood Alcohol Level for each offense, if known)\_\_\_\_\_

Result of each offense (i.e. paid a fine, how much, suspension of license, jail time): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other legal situations: \_\_\_\_\_

Your Court Ordered Alcohol Education Program(s)?

Name/address of program:	Month/Year	Length of Program	Did client complete the program? If no, why not.

Any other substance use/abuse related arrests? \_\_\_\_\_

What was the charge? \_\_\_\_\_

Results/Outcome: \_\_\_\_\_

**YOUR EDUCATIONAL HISTORY**

Highest educational level attained \_\_\_\_\_ GPA? \_\_\_\_\_

College? \_\_\_\_\_ Major? \_\_\_\_\_

How many years? \_\_\_\_\_ Did you graduate? \_\_\_\_\_ When? \_\_\_\_\_

Presently in school or training (specify): \_\_\_\_\_

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Was education affected by substance use/abuse? \_\_\_\_\_

**YOUR EMPLOYMENT HISTORY**

Current Occupation: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Has substance use/abuse ever adversely affected job performance i.e. sick leave, tardiness, lowered productivity? Yes/No Explain specifics, i.e. how many sick days, tardy, etc? \_\_\_\_\_

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Has your supervisor or co-workers ever-expressed concern about your use of alcohol or drugs? \_\_\_\_\_ If so, explain \_\_\_\_\_

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Have you ever been fired/reprimanded from any job due to substance use/abuse? \_\_\_\_\_

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**YOUR MILITARY HISTORY**

Branch of service, service dates: \_\_\_\_\_

Highest rank: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Did you serve in combat? \_\_\_\_\_

Have you ever been evaluated or treated for PostTraumatic Stress Disorder? \_\_\_\_\_ If so, identify: When? \_\_\_\_\_

Where? \_\_\_\_\_ Results of evaluation? \_\_\_\_\_

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Did you use/abuse alcohol or drugs during your military career? \_\_\_\_\_ If so, identify frequency, amount, and substance used: \_\_\_\_\_

Were you treated during military service for use/abuse of drugs and/or alcohol? \_\_\_\_\_ If so, please explain \_\_\_\_\_

List below all the treating providers (Medical, Psychological, Others) during the past five years along with the time period of treatment and their names, addresses and telephone numbers along with any other information that you believe is important for Dr. Garlock to know about your services that you received from them.

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**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. PLEASE FEEL FREE TO ADD ADDITIONAL INFORMATION BELOW PRIOR TO SIGNING THIS FORM. BY SIGNING THIS FORM YOU ARE ATTESTING THAT THE INFORMATION THAT YOU HAVE PROVIDED ON THIS FORM AND THE OTHER FORMS THAT YOU HAVE COMPLETED/WILL COMPLETE IS ACCURATE AND IS A TRUE AND CORRECT. PLEASE SIGN AND DATE BELOW AND RETURN TO DR. GARLOCK:**

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Name \_\_\_\_\_ Date: \_\_\_\_\_