

**DR. JOHN GARLOCK
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 client to EAP? _____

Describe Presenting Concerns/Problems, Events Leading to Referral:

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

Name _____

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

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?)

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

Your reported reasons for substance usage: _____

Name _____

Can you use more without feeling high? _____

Have you experienced withdrawal symptoms? (What Kind?) _____

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

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

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

Please list medications are you currently taking, (prescribed or OTC).

YOUR FAMILY HISTORY

Are parents living? _____ Mother: (age) _____ Father: (age) _____

Number of siblings (sex & ages) _____

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

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

Name _____

At what age did you leave home? _____ Why? _____

Your opinion of your relationship with parents and siblings:

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?

Cultural background of your family: (economic, religion) _____

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

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

Name _____

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.

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? _____

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 _____

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

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

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.)

Name _____

How often are you in 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):

Name _____

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): _____

Was education affected by substance use/abuse? _____

Name _____

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? _____

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

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

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? _____

Did you use/abuse alcohol or drugs during his/her 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 _____

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PLEASE SIGN AND DATE BELOW:

Name _____ Date: _____