

Iberville Parish Substance Abuse Center
 Psychosocial Information

Last Name, First Name	Client Number

STRENGTHS, NEEDS, ABILITIES, PREFERENCES	
1.	What do you have (mentally, emotionally or physically) that supports and/or increases your quality life?
2.	What do you need to increase the quality of your life and to meet your goals and objectives?
3.	What are your individual attributes and/or skills?
4.	Do you have any preferences that would help you receive services or attain goals and objectives?

EDUCATIONAL/VOCATIONAL/MILITARY HISTORY			
1.	Are you satisfied with the highest grade/level you completed in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you ever been suspended or fired due to alcohol or drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date of suspension	Substance Used	Required action
			Outcome
	Date of suspension	Substance Used	Required action
			Outcome
3.	Do you consider yourself a good employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	a. If yes, do you like your current job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Have you experienced gaps in your employment history?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Have you ever been in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	a. If yes, what type of discharge did you receive?	<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Medical	
7.	What is your current financial status?	<input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Financial concerns <input type="checkbox"/> Bankrupt <input type="checkbox"/> Poverty	

MEDICATIONS HISTORY	
1.	List any past medications that were helpful for your health and wellbeing:
2.	Do you currently have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the information given during intake and assessment is true and correct to the best of my knowledge:	
Signature	Date