Iberville Parish Substance Abuse Center
Psychosocial Information

Last Name, First Name	Client Number

MARITAL HISTORY						
1. What is your marital status (check all that apply)? ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed/Widower ☐ Never Married						
2. Number of times married?		☐ N/A	3. Number of times divorced?		☐ N/A	
4. Describe you current relationship with spouse/significant other: ☐ Healthy ☐ Happy ☐ Supportive ☐ Chaotic ☐ Strained ☐ Dysfunctional ☐ Other _____						
5. Do you have children? ☐ Yes ☐ No If yes, complete below:						
Total number of children and ages	Number living with you	Number not living with you	Number in State custody			

ALCOHOL AND DRUGS HISTORY			
6. Have alcohol or drugs affected your present or past relationships?	☐ Yes	☐ No	☐ N/A
7. Does your partner drink or use drugs problematically?	☐ Yes	☐ No	☐ N/A
8. What has been the longest period of time you've gone without using alcohol or drugs?			
9. Do you ever feel guilt or remorse about your use of alcohol or drugs?	☐ Yes	☐ No	
10. Have you ever attended any 12 Step Program (AA/NA/CA, etc.)?	☐ Yes	☐ No	
11. Have you ever been hospitalized as a result of your alcohol or drug use?	☐ Yes	☐ No	
12. Has anyone close to you expressed concern about your use of alcohol or drugs?	☐ Yes	☐ No	
13. Have you neglected anyone close to you because of your use of alcohol or drugs?	☐ Yes	☐ No	
14. Have you had problems at school or work because of your use of alcohol or drugs?	☐ Yes	☐ No	
15. Are you willing to get help if treatment is recommended?	☐ Yes	☐ No	

SOCIO-CULTURAL HISTORY
1. Were alcohol and drugs accepted in your home when growing up? ☐ Yes ☐ No ☐ N/A
2. Do your religious/spiritual beliefs influence you attitude towards alcohol and drug use? ☐ Yes ☐ No ☐ N/A
3. With whom do you feel closest?
4. Does anyone know your real feelings? ☐ Yes ☐ No ☐ N/A
5. Have you ever witnessed or experienced: ☐ Incest ☐ Sexual abuse ☐ Rape ☐ Molestation ☐ Physical abuse ☐ Emotional abuse ☐ Verbal abuse
6. What do you do in your leisure time (hobbies/interests)?
7. How do you respond when something doesn't happen the way you want it to?
8. What is the most important thing you've learned in your life?
9. What is the one thing you want more than anything else in life?

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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? ☐ Yes ☐ No			
2. Have you ever been suspended or fired due to alcohol or drug use? ☐ Yes ☐ 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? ☐ Yes ☐ No			
4. Are you currently employed? ☐ Yes ☐ No			
a. If yes, do you like your current job? ☐ Yes ☐ No			
5. Have you experienced gaps in your employment history? ☐ Yes ☐ No			
6. Have you ever been in the military? ☐ Yes ☐ No			
a. If yes, what type of discharge did you receive? ☐ Honorable ☐ Dishonorable ☐ Other Than Honorable ☐ Medical			
7. What is your current financial status? ☐ Stable ☐ Unstable ☐ Financial concerns ☐ Bankrupt ☐ Poverty			

MEDICATIONS HISTORY
1. List any past medications that were helpful for your health and wellbeing:
2. Do you currently have medical insurance? ☐ Yes ☐ No

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