MCHS

Suboxone Treatment

Office of Heidy Brillhart, *MHNP-C, FNP-C, MSN, APRN-C*

Please complete all paperwork to the best of your ability. Once we have received the intake packet, we will schedule an appointment as soon as possible. You may return this document to the Morton County Medical Clinic by taking it to the front desk, emailing it to BOHair@mchswecare.com, or faxing it to (620) 697-2185.

Office of Heidy Brillhart

MHNP-C, FNP-C, MSN, APRN

I authorize the following individual(s) to be my mental health EMERGENCY CONTACT. I understand that my personal information may not automatically be given to the person(s) listed below; however, Heidy's office may disclose concerns to the individual(s) in a crisis situation. I understand that I may amend this list at any time.

Name:_____ Phone:_____

Name:_____ Phone:_____

Name:_____ Phone:_____

Name:_____ Phone:_____

Patient Name (print): _____

Patient DOB: _____

Patient Signature: _____ Date:_____

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Name: _____ **Age:** ____ **Sex:** ❑ **Male** ❑ **Female** **Date:**_____

If this questionnaire is completed by an informant, **what is your relationship with the individual?** _____
In a typical week, approximately how much time do you spend with the individual? _____ **hours/week**

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the **past TWO (2) WEEKS**.

	During the past **TWO (2) WEEKS**, how much (or how often) have you been bothered by the following problems?	**None** Not at all	**Slight** Rare, less than a day or two	**Mild** Several days	**Moderate** More than half the days	**Severe** Nearly every day	**Highest Domain Score** (clinician)
I.	1. Little interest or pleasure in doing things?	0	1	2	3	4	
	2. Feeling down, depressed, or hopeless?	0	1	2	3	4	
II.	3. Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4. Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	5. Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
IV.	6. Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7. Feeling panic or being frightened?	0	1	2	3	4	
	8. Avoiding situations that make you anxious?	0	1	2	3	4	
V.	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	10. Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
VI.	11. Thoughts of actually hurting yourself?	0	1	2	3	4	
VII.	12. Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
	13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
VIII.	14. Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
IX.	15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
X.	16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
	17. Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4	
XI.	18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
XII.	19. Not knowing who you really are or what you want out of life?	0	1	2	3	4	
	20. Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	
XIII.	21. Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
	22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
	23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?	0	1	2	3	4	

MORTON COUNTY HEALTH SYSTEM
411 SUNSET DR. ELKHART, KS 620-697-2175

Buprenorphine/Naloxone Maintenance Treatment Information for Patient

Buprenorphine/Naloxone Treatment for Opioid Addiction

Opioid medicines are used for three purposes: pain relief, severe coughing, and for the treatment of addiction to opioid drugs (heroin, prescription pain medicines). Buprenorphine is an opioid medication which has been used as an injection for treatment of pain while patients are hospitalized, for example for patients who have had recent surgery. It is a long acting medication, and binds for a long time to the mu opioid receptor.

Buprenorphine/naloxone is a combination medication that can be used to treat opioid dependence (addiction). Patients only need to take the medication once daily and some will be able to take this medication less frequently (every other day or every third day). Buprenorphine is not absorbed very well orally (by swallowing) - so a sublingual (dissolve under the tongue) tablet and, more recently, a film containing the medicine that is also absorbed from under the tongue, has been developed for treatment of addiction. Buprenorphine/naloxone tablets also contain naloxone (Narcan) which is an opioid antagonist. Naloxone is poorly absorbed from under the tongue, but if the medication is injected, the naloxone will cause withdrawal symptoms. The reason that naloxone is combined with the buprenorphine is to help discourage abuse of this drug by injection.

Aside from being mixed with naloxone to discourage needle use, buprenorphine itself has a "ceiling" for narcotic effects (it is termed a "partial agonist") which makes it safer in case of overdose. This means that by itself, even in large doses, it doesn't suppress breathing to the point of death in the same way that heroin, methadone and other opioids could. These are some of the unusual qualities of this medication which make it safer to use outside of the usual strict methadone regulations at a clinic and, after stabilization, most patients would be able to take home up to one-four weeks worth of buprenorphine/naloxone at a time. However, this medicine can be dangerous and life-threatening overdose and death have occurred when buprenorphine is mixed with other drugs. It is important not to take street drugs with this medicine, not to drink alcohol to excess, and to tell your doctor that you are taking this drug so that they can be careful about prescribing other medicines with buprenorphine that might have an interaction that could be dangerous. It is up to you to make sure that you inform anyone who is prescribing medication for you of your addiction to opioids and your use of buprenorphine. Buprenorphine is also dangerous for children. It is very important that you keep this medication safely away from any children as life-threatening overdoses have occurred when children take this medicine.

Will Buprenorphine/Naloxone be useful for Patients on Methadone?

Methadone maintenance patients may be interested in whether this medication might help them. Unfortunately, because of the partial agonist nature of the medication, for some, it is not equivalent in maintenance strength to methadone. In order to even try buprenorphine/naloxone without going into major withdrawal, a methadone-maintained patient would have to taper down to 30 mg of methadone daily or lower. In some cases, buprenorphine may not be strong enough for patients used to high doses of methadone and may lead to increased cravings and the risk of a relapse to opiate use. If you are methadone-maintained and decide to try buprenorphine, please be aware of this risk, and keep the door open for resuming methadone immediately if necessary.

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Buprenorphine/Naloxone Maintenance Treatment
Intake Questionnaire for Patient Treatment-Planning Questions

Name:_____ **Date:**_____

Please answer the following questions which will help us design your plan of treatment:

What is the best time of day and day of week for you for clinic visits?

_____

Are there any months of the year when you may have difficulty making it in for appointments?

_____

Is there any problem that makes it hard for you to give routine urine specimens?

_____

Do you have any disabilities that make it hard for you to read labels or count pills?

_____

What are your reasons for being interested in Buprenorphine/Naloxone treatment?

_____

_____

_____

What "triggers" do you know which have put you in danger or relapse in the past or which might in the future?

_____

_____

_____

What coping methods have you developed to deal with these triggers to relapse?

_____

_____

_____

What plans do you have for the coming year?

Work?_____

Home?_____

Other?_____

What kinds of help would you like from your counselor?

_____

_____

What are your strengths and skills to handle take-home Buprenorphine/Naloxone (Suboxone)?

_____

_____

What worries do you have about extended take homes?

_____

Is anyone in your home actively addicted to drugs or alcohol?

_____

What are the major sources of stress in your life?

_____

What family or significant others will be supportive to you during your treatment?

_____

Would you be willing to sign a release so that the person(s) identified above can be spoken to regarding your treatment?

_____

What medical care will you have in the coming year?

How will you comply with the annual physical examination and laboratory and urine testing requirements?

Have you ever been treated for a psychiatric problem or mental illness or prescribed psychiatric medications?

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Buprenorphine Maintenance Treatment

Protocol for Follow-up Appointment

Follow-up appointments will be at least monthly (weekly to every 2 weeks in initial months of treatment).

The activities at follow-up appointments are focused on evaluating adequacy of treatment and risk of relapse. They should include:

- pill counts, including reserve tablets (this does not need to be done every time a visit occurs, but patients should be told to expect this periodically-several times a year. It can be done at visits or by random call back that one of your staff performs)
- urine testing for drugs of abuse and alcohol (this should be done at every visit. Patients should be told that you may call them in randomly for a urine drug screen as well and they need to agree to this. Such visits can be rare (a few times a year) and the patient must agree to the charge for this. Random urine drug screens are a normal part of
- prescription of medication
- an interim history of any new medical problems or social stressors

Dangerous Behavior, Relapse and Relapse Prevention

The following behavior "red flags" should be addressed with the patient as soon as they are noticed:

- missing appointments
- running out of medication too soon
- taking medication off schedule
- not responding to phone calls
- refusing urine or breath testing
- neglecting to mention new medication or outside treatment
- appearing intoxicated or disheveled in person or on the phone
- frequent or urgent inappropriate phone calls
- neglecting to mention change in address, job or home situation
- inappropriate outbursts of anger
- lost or stolen medication
- frequent physical injuries or auto accidents
- non-payment of visit bills

These behaviors should evaluated by the treatment team and should be brought to the patient's attention. The patient should be supported and an appropriate response made (e g.: increased level of care: more frequent counseling sessions, referral to inpatient or intensive outpatient substance abuse treatment if needed, withdrawal from buprenorphine/naloxone treatment and referral to higher level of care (e.g.: methadone maintenance). Decisions need to be based on clinical assessment and documented in patient's medical record.

Mental Health Intake Form

(all information on this form is strictly confidential)

Patient First Name:	Patient Last Name:
Name of Person completing form (if other than patient):	Phone #:
Date Completed:	Patient Date of Birth:
Primary Care Physician:	Physician Phone:

Current Symptoms Checklist (please check all appropriate columns)

	Mild	Moderate	Severe		Mild	Moderate	Severe
Aggression	☐	☐	☐	Judgment errors	☐	☐	☐
Agitation	☐	☐	☐	Loneliness	☐	☐	☐
Anger	☐	☐	☐	Loss of interest in activities	☐	☐	☐
Anxiety	☐	☐	☐	Memory impairment	☐	☐	☐
Appetite change	☐	☐	☐	Mood swings	☐	☐	☐
Change in libido	☐	☐	☐	Obsessions	☐	☐	☐
Compulsions	☐	☐	☐	Oppositional behavior	☐	☐	☐
Crying/tearful	☐	☐	☐	Panic attacks	☐	☐	☐
Cyber addiction	☐	☐	☐	Paranoia	☐	☐	☐
Delusions	☐	☐	☐	Phobias/fears	☐	☐	☐
Depression	☐	☐	☐	Physical trauma perpetrator	☐	☐	☐
Disorientation	☐	☐	☐	Physical trauma victim	☐	☐	☐
Difficulty getting out of bed	☐	☐	☐	Poor concentration	☐	☐	☐
Difficulty making decisions	☐	☐	☐	Poor grooming	☐	☐	☐
Distractibility	☐	☐	☐	Racing thoughts	☐	☐	☐
Eating disorder	☐	☐	☐	Recurring thoughts	☐	☐	☐
Elevated mood	☐	☐	☐	Self-mutilation	☐	☐	☐
Emotional trauma perpetrator	☐	☐	☐	Sexual addiction	☐	☐	☐
Emotional trauma victim	☐	☐	☐	Sexual difficulties	☐	☐	☐
Excessive energy	☐	☐	☐	Sexual trauma perpetrator	☐	☐	☐
Fatigue	☐	☐	☐	Sexual trauma victim	☐	☐	☐
Grief	☐	☐	☐	Sleep problems	☐	☐	☐
Guilt	☐	☐	☐	Speech problems	☐	☐	☐
Gambling	☐	☐	☐	Social isolation	☐	☐	☐
Hallucinations	☐	☐	☐	Substance abuse	☐	☐	☐
Hearing voices	☐	☐	☐	Suicidal thoughts	☐	☐	☐
Heart palpitations	☐	☐	☐	Worried	☐	☐	☐
Hopelessness	☐	☐	☐	Worthlessness	☐	☐	☐
Hyperactivity	☐	☐	☐	Other:	☐	☐	☐
Impulsivity	☐	☐	☐	Other:	☐	☐	☐
Irritability	☐	☐	☐	Other:	☐	☐	☐

MEDICAL HISTORY

Current Medications

Medication Name	Total Daily Dosage	Estimated Start Date

Describe current physical health: ☐ Good ☐ Fair ☐ Poor

List any known allergies:

Past nonpsychiatric hospitalizations or surgeries:

Do you exercise regularly? ☐ Yes ☐ No

Personal and Family Medical History (Have you or a family member ever had any of the following? If family, specify which family member)

	You	Family	Who?		You	Family	Who?
Alzheimer's/Dementia	☐	☐		Head Injury	☐	☐	
Anemia	☐	☐		Heart Disease	☐	☐	
Arthritis	☐	☐		High Blood Pressure	☐	☐	
Asthma	☐	☐		High Cholesterol	☐	☐	
Behavioral problems	☐	☐		HIV Positive or AIDS	☐	☐	
Birth defects	☐	☐		Kidney Problems	☐	☐	
Cancer	☐	☐		Liver Problems/Hepatitis	☐	☐	
Chronic Fatigue	☐	☐		Lung Disease	☐	☐	
Chronic Pain	☐	☐		Mental Retardation	☐	☐	
Diabetes	☐	☐		Migraine or Cluster Headaches	☐	☐	
Ear/Nose/Throat Problems	☐	☐		Neurological Problems	☐	☐	
Eating Disorder	☐	☐		Skin Disease	☐	☐	
Emotional Problems	☐	☐		Sleep Apnea	☐	☐	
Endocrine/Hormone Problems	☐	☐		Stroke	☐	☐	
Epilepsy or Seizures	☐	☐		Thyroid Disease	☐	☐	
Eye Problems	☐	☐		Tuberculosis	☐	☐	
Fibromyalgia	☐	☐		Urological Problems	☐	☐	
Gastrointestinal Problems	☐	☐		Viral Illness/Herpes	☐	☐	
Genital/Gynecological Problems	☐	☐		Other:	☐	☐	

EMOTIONAL/PSYCHIATRIC HISTORY

Prior Outpatient Treatment? ☐ Yes ☐ No If yes, please describe:

Reason	Dates Treated	By Whom

Prior Inpatient Treatment (for psychiatric, emotional, or substance abuse disorder)? ☐ Yes ☐ No If yes, please describe:

Reason	Date Hospitalized	Where

Family History (has anyone in your family ever been treated for any of the following)?

	Father	Mother	Aunt	Uncle	Brother	Sister	Children	Grandparent
Depression	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Anxiety	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Panic Attacks	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Post Traumatic Stress	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Bipolar Disorder/Manic Depression	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Schizophrenia	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Alcohol Problems	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Drug Problems	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
ADHD	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal

Suicide Attempts	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal
Psychiatric Hospitalization	☐	☐	☐ Maternal ☐ Paternal	☐ Maternal ☐ Paternal	☐	☐	☐	☐ Maternal ☐ Paternal

Past Psychiatric Medications (if you have ever taken any of the following medications, indicate the date, dosage, and how helpful they were)

Antidepressants	**Check if taken**	**When?**	**Dosage?**	**Did it help?**	**Any side effects?**
Prozac (fluoxetine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Zoloft (sertraline)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Luvox (fluvoxamine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Paxil (paroxetine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Celexa (citalopram)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Effexor (venlafaxine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Cymbalta (duloxetine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Wellbutrin (bupropion)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Remeron (mirtazapine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Serzone (nefazodone)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Anafranil (clomipramine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Pamelor (nortrptyline)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Tofranil (imipramine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Elavil (amitriptyline)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Pristiq (desvenlafaxin)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Desyrel (trazadone)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Viibryd (vilazodone)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Adapin (doxepin)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Asendin (amoxapine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Ludiomil (maprotiline)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Norpramin (desipramine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Surmontil (trimipramine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Vivactil (protriptyline)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Antipsychotics/Mood Stabilizers	**Check if taken**	**When?**	**Dosage?**	**Did it help?**	**Any side effects?**
Seroquel (quetiapine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Zyprexa (olanzapine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Geodon (ziprasidone)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Abilify (aripiprazole)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Clozaril (clozapine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Haldol (haloperidol)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Prolixin (fluphenazine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Sedative/Hypnotics	**Check if taken**	**When?**	**Dosage?**	**Did it help?**	**Any side effects?**
Ambien (zolpidem)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Sonata (zaleplon)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Restoril (temazepam)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Rozerem (ramelteon)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Desyrel (trazodone)	☐			☐ Yes ☐ No	☐ Yes ☐ No

ADHD Medications	Check if taken	When?	Dosage?	Did it help?	Any side effects?
Adderall (amphetamine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Concerta (methylphenidate)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Ritalin (methylphenidate)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Strattera (atomoxetine)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Antianxiety Medications	**Check if taken**	**When?**	**Dosage?**	**Did it help?**	**Any side effects?**
Xanax (alprazolam)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Ativan (lorazepam)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Klonopin (clonazepam)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Valium (diazepam)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Tranxene (clorazepate)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Buspar (buspirone)	☐			☐ Yes ☐ No	☐ Yes ☐ No
Other Medications (specify)	**Check if taken**	**When?**	**Dosage?**	**Did it help?**	**Any side effects?**
	☐			☐ Yes ☐ No	☐ Yes ☐ No
	☐			☐ Yes ☐ No	☐ Yes ☐ No
	☐			☐ Yes ☐ No	☐ Yes ☐ No

SUBSTANCE USE HISTORY

Substance Use Status:

☐ No history of abuse ☐ Active abuse ☐ Early full remission ☐ Early partial remission ☐ Sustained full remission ☐ Sustained partial remission

Treatment History:

☐ Outpatient ☐ Inpatient ☐ 12-step program ☐ Stopped on own ☐ Other:

Substances Used (check all that apply)

Ever Used?	First use age	Last use age	Currently Used?	Frequency	Amount
☐ Alcohol			☐ Yes ☐ No		
☐ Amphetamines/Speed			☐ Yes ☐ No		
☐ Barbiturates			☐ Yes ☐ No		
☐ Caffeine			☐ Yes ☐ No		
☐ Cocaine			☐ Yes ☐ No		
☐ Crack Cocaine			☐ Yes ☐ No		
☐ Ecstasy			☐ Yes ☐ No		
☐ Hallucinogens (LSD			☐ Yes ☐ No		
☐ Heroin			☐ Yes ☐ No		
☐ Inhalants			☐ Yes ☐ No		
☐ Marijuana			☐ Yes ☐ No		
☐ Methadone			☐ Yes ☐ No		
☐ Methamphetamine			☐ Yes ☐ No		
☐ Painkillers			☐ Yes ☐ No		
☐ Nicotine/Tobacco			☐ Yes ☐ No		
☐ PCP			☐ Yes ☐ No		
☐ Tranquilizers			☐ Yes ☐ No		
☐ Other:			☐ Yes ☐ No		

FAMILY HISTORY

Family of Origin

Present During Childhood	Present entire childhood	Present part of childhood	Not present at all	Parents' Current Marital Status:	Childhood Family Experience:
Biological Mother	☐	☐	☐	☐ Married to each other ☐ Separated for _____ years ☐ Divorced for _____ years ☐ Mother remarried _____ times ☐ Father remarried _____ times ☐ Mother involved with someone ☐ Father involved with someone ☐ Mother deceased for _____ years Age of patient at mother's death: ___ ☐ Father deceased for _____ years Age of patient at father's death: ___	☐ Outstanding home environment ☐ Normal home environment ☐ Chaotic home environment ☐ Neglected ☐ Witnessed physical/verbal/sexual abuse towards others ☐ Experienced physical/verbal/sexual abuse from others Age of emancipation from home: _____
Biological Father	☐	☐	☐		
Adoptive Mother	☐	☐	☐		
Adoptive Father	☐	☐	☐		
Stepmother	☐	☐	☐		
Stepfather	☐	☐	☐		
Brother(s)	☐	☐	☐		
Sister(s)	☐	☐	☐		
Other:	☐	☐	☐		

DEVELOPMENTAL HISTORY

Problems during mother's pregnancy	☐ None ☐ German measles ☐ Alcohol use ☐ Other: ☐ High blood pressure ☐ Emotional stress ☐ Drug use ☐ Kidney infection ☐ Bleeding ☐ Cigarette use
Birth	☐ Normal delivery ☐ Difficult delivery ☐ Cesarean delivery ☐ Complications:
Birth Weight	_____ lbs. _____ oz.
Infancy	☐ Feeding problems ☐ Sleep problems ☐ Toilet training problems

Delayed Development Milestones (check only those milestones that did not occur at an expected age)

☐ Sitting ☐ Rolling over ☐ Standing ☐ Walking ☐ Feeding self
☐ Speaking words ☐ Speaking sentences ☐ Controlling bladder ☐ Controlling bowels ☐ Sleeping alone
☐ Dressing self ☐ Engaging peers ☐ Tolerating separation ☐ Playing cooperatively ☐ Riding tricycle
☐ Riding bicycle ☐ Other:

Childhood Health

☐ Chickenpox (age:) ☐ German measles (age:) ☐ Red measles (age:) ☐ Rheumatic fever (age:) ☐ Whooping cough (age:)
☐ Scarlet fever (age:) ☐ Lead poisoning (age:) ☐ Mumps (age:) ☐ Diphtheria (age:) ☐ Poliomyelitis (age:)
☐ Pneumonia (age:) ☐ Tuberculosis (age:) ☐ Mental retardation ☐ Autism ☐ Ear infections
☐ Asthma ☐ Allergies to:

Emotional/Behavioral Problems

☐ Drug use ☐ Alcohol abuse ☐ Chronic lying ☐ Stealing ☐ Violent temper
☐ Fire setting ☐ Hyperactive ☐ Animal cruelty ☐ Assaults others ☐ Disobedient
☐ Repeats words of others ☐ Not trustworthy ☐ Hostile/angry mood ☐ Indecisive ☐ Immature
☐ Bizarre behavior ☐ Self-injurious threats ☐ Frequently tearful ☐ Frequently daydreams ☐ Lack of attachment
☐ Distrustful ☐ Extreme worrier ☐ Self-injurious acts ☐ Impulsive ☐ Easily distracted
☐ Poor concentration ☐ Often sad ☐ Breaks things ☐ Other:

Social Interaction

☐ Normal social interaction ☐ Isolates self ☐ Alienates self ☐ Inappropriate sex play
☐ Dominates others ☐ Very shy ☐ Associates with acting out peers ☐ Other:

Intellectual/Academic Functioning

☐ Normal intelligence ☐ High intelligence ☐ Learning problems ☐ Authority conflicts ☐ Attention problems
☐ Underachieving ☐ Mild retardation ☐ Moderate retardation ☐ Severe retardation

Current or highest education level:

SOCIO-ECONOMIC HISTORY

Living Situation:
- ☐ housing adequate
- ☐ homeless
- ☐ housing overcrowded
- ☐ dependent on others for housing
- ☐ housing dangerous/deteriorating
- ☐ living companions dysfunctional

Social Support System:
- ☐ supportive network
- ☐ few friends
- ☐ substance-use-based friends
- ☐ no friends
- ☐ distance from family of origin

Financial Situation:
- ☐ no current financial problems
- ☐ large indebtedness
- ☐ poverty or below-poverty income
- ☐ impulsive spending
- ☐ relationship conflicts over finances

Employment:
- ☐ employed and satisfied
- ☐ employed but dissatisfied
- ☐ unemployed
- ☐ coworker conflicts
- ☐ supervisor conflicts
- ☐ unstable work history
- ☐ disabled:

Legal History:
- ☐ no legal problems
- ☐ now on parole/probation
- ☐ arrest(s) not substance-related
- ☐ arrest(s) substance related
- ☐ court ordered this treatment
- ☐ jail/prison _____ time(s)
  total time served:

Military History:
- ☐ never in military
- ☐ served in military – no incident
- ☐ served in military – with incident
- ☐ currently serving in military
- ☐ honorable discharge
- ☐ other type of discharge:

Sexual History:
- ☐ straight/heterosexual orientation
- ☐ lesbian/gay/homosexual orientation
- ☐ bisexual orientation
- ☐ transsexual
- ☐ asexual
- ☐ unsure/questioning orientation
- ☐ currently sexually active
- ☐ currently sexually satisfied
- ☐ currently sexually dissatisfied
- ☐ age first sex experience: ____
- ☐ age first pregnancy/fatherhood: ____
- ☐ history of promiscuity age ____ to ____
- ☐ history of unsafe sex age ____ to ____

Cultural/Spiritual/Recreational History

Cultural Identity (ethnicity, religion):

Describe any cultural issues that contribute to current problem(s):

Currently active in community/recreational activities? ☐ Yes ☐ No

Formerly active in community/recreational activities? ☐ Yes ☐ No

Currently engage in hobbies? ☐ Yes ☐ No

Currently participate in spiritual activities? ☐ Yes ☐ No

Relationship History and Current Family:
- ☐ married
- ☐ divorced
- ☐ single
- ☐ widowed
- ☐ in a relationship
- ☐ children living at home
- ☐ children living elsewhere

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