





**Education and Employment**

Last grade completed: \_\_\_\_\_ Current student  Yes  No GED  Yes  No

High School Name: \_\_\_\_\_ Last Attended: \_\_\_\_\_

College Name: \_\_\_\_\_ Last Attended: \_\_\_\_\_

Notes: \_\_\_\_\_

Currently employed:  Yes  No Name of Employer: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of job: \_\_\_\_\_ Since: \_\_\_\_\_

Prior employment:  Yes  No Name of Employer: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of job: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Military Service:  Yes  No Dates: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Discharge:  Honorable  General  Other Notes: \_\_\_\_\_

Public Benefits received: \_\_\_\_\_

Alcohol History: Drinks/week: \_\_\_\_\_ Prior Treatment?  Yes  No Interested in treatment?  Yes  No

| Year | Location of Treatment | Length of treatment |
|------|-----------------------|---------------------|
|      |                       |                     |
|      |                       |                     |
|      |                       |                     |

Notes: \_\_\_\_\_

Drug History: Drug of choice: \_\_\_\_\_ Age at first use: \_\_\_\_\_ Prior Treatment?  Yes  No

Current frequency of use: \_\_\_\_\_ Interested in treatment?  Yes  No

| Year | Location of Treatment | Length of treatment |
|------|-----------------------|---------------------|
|      |                       |                     |
|      |                       |                     |
|      |                       |                     |

Notes: \_\_\_\_\_

Mental Health History: Diagnosis \_\_\_\_\_ Prior hospitalization/Treatment?  Yes  No  Current

| Year | Location | Doctor | Inpt/Outpt | Length |
|------|----------|--------|------------|--------|
|      |          |        |            |        |
|      |          |        |            |        |
|      |          |        |            |        |

**Current medications**

| Name | Dosage | Frequency | Reason for taking | Started taking |
|------|--------|-----------|-------------------|----------------|
|      |        |           |                   |                |
|      |        |           |                   |                |
|      |        |           |                   |                |

