

## Smoky Mountain Individual/Family Therapy Intake

Client Name: \_\_\_\_\_ Intake Date: \_\_\_\_\_

Referral: \_\_\_\_\_

### Presenting Problems & Symptoms:

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### Medication

Prescription: \_\_\_\_\_

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### Alcohol and Drug Assessment

Client Currently Uses: Alcohol Y\_\_\_N\_\_\_ Drugs Y\_\_\_N\_\_\_ Medication Y\_\_\_N\_\_\_

Client's Last Use of Substance: Date \_\_\_\_\_ N/A \_\_\_\_\_

Has there now or ever been abuse of any substance by client ? Y\_\_\_N\_\_\_

If yes, complete A&D use history below:

Ask each client:

1. Have you ever felt you ought to cut down on your use of substances ? Y\_\_\_N\_\_\_
2. Have people annoyed you by criticizing your use of substances ? Y\_\_\_N\_\_\_
3. Have you ever felt bad or guilty about your substance use ? Y\_\_\_N\_\_\_
4. Have you ever had blackouts from using substances ? Y\_\_\_N\_\_\_
5. Have you ever used substances first thing in the morning to steady your nerves or to get rid of a hangover ? Y\_\_\_N\_\_\_

### Type of drug/history/frequency

### Alcohol and Drug History

2. 1. Number of arrests on these charges: DUI \_\_\_ PD \_\_\_ Disorderly Conduct \_\_\_\_\_  
Possession/Sale of Controlled Substances \_\_\_ Other (assault, burg.) \_\_\_\_\_
3. Is the client (now or in the past ) on probation ? Y\_\_\_N\_\_\_

- Describe (term, county, charge) \_\_\_\_\_
4. Previous treatment for substance abuse \_\_\_\_\_  
Describe facility, dates and type: \_\_\_\_\_
  5. How has substance use/abuse impacted your life or those around you ? \_\_\_\_\_
  6. Does anyone in family abuse substances? Y \_\_\_ N \_\_\_  
Describe \_\_\_\_\_

**Social History**

Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Never Married \_\_\_

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History of Abuse? Y \_\_\_ N \_\_\_ Describe:

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**Education and Employment:**

Last school attended: \_\_\_\_\_ Graduated Y \_\_\_ N \_\_\_ College Y \_\_\_ N \_\_\_

Employment: \_\_\_\_\_

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Describe Employment and Education and any problems related to either:

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**Interests, social supports, activities**

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**Community and Life Functioning Skills**

Does the client have age-appropriate: self-care? Y \_\_\_ N \_\_\_ hygiene? Y \_\_\_ N \_\_\_

Independence? Y \_\_\_ N \_\_\_ money mgt?. Y \_\_\_ N \_\_\_ community resources? Y \_\_\_ N \_\_\_

**Legal:**

**Physical Health:**

**M.D.**

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**Emotional and Psychological**

**History** \_\_\_\_\_

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**Strengths**

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**Weaknesses**

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**Mental Status:** \_\_\_\_\_

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Risks:

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Safety Plan:

**Treatment Goals**

**Plans**

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Date: \_\_\_\_\_

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