	•	,	
ATE:	Patie	nt Name:	Age:
our F	ull Name:		
ddres	ss:		
hone:	: Home:	Work:	Cell:
1. 2.	What is your relationship Is the patient living with	stion by circling the response you choose of to the patient?	
3.		of the problem-your knowledge of the extended, etc.)	
amily 1.		drink or use drugs, do they use in the hom	e where the patient lives?
2.	Are there verbal or physical fights in the home? IF yes, please explain,		
3.	Is there trouble with setting boundaries with the patient in the home ?		
4.	Have you noticed any items missing in the home? Stealing?		
5.	Does the patient have siblings living at home, if so, do they drink or use drugs?		
6.	Does the patient have siblings that have discipline or behavioral problems at home?		
7.		ends that drink or use drugs? If so, how o hem?	
	Environment Does the patient have a	nistory of running away,? If so, please exp	olain.
2.	Does the patient violate curfews? If so, please explain		
3.	Have you noticed damage to your home from rage, drug use, etc?		
4.	Do you know if the patie	nt is selling drugs to support their use?	
			



(Adolescent Program)

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5.	Does the patient have a relationship with a boy friend or girlfriend? If so, do they also use drugs or alcohol?			
Legal 1.				
2.	Please describe any pending legal problems?			
3.	Is the patient's probation officer mandating treatment?			
Acade 1.	emics Is the patient failing classes? Please explain.			
2.	What grade level are they at? (At appropriate grade level?)			
3.	Is there a history of skipping school?			
	Are there any present or potential mental health issues?			
2.	Has the patient ever seen a psychiatrist or therapist (name of provider)?			
3.				
	Pus treatment Has your adolescent ever had Chemical Dependency residential treatment? (where, span of time, outcome of treatment)			
2.	Has your adolescent ever had a mental health/psychiatric treatment stay? (where, span of time, outcome of treatment)			
3.	Has your adolescent ever been in an outpatient treatment program? (where, span of time, outcomes of treatment)			
(Add	MORIAI RMANN Prevention & Recovery Center nificant Other's View of Patient plescent Program) 8/09 Page 2 of 2 (((((