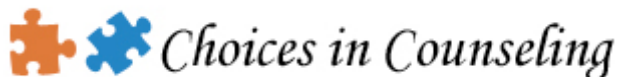


DRUGS/ALCOHOL/BEHAVIORAL ADDICTIONS FORM



History of Addictions or Abuse								
Chemical	Age of First Use	Age of Regular Use	Age of Problem Use	Number of Arrests	Most Ever Used	Date of Last Use	Rank Order of Pref.	Route of Administration
Alcohol								
Other Downers								
Cocaine								
Other Uppers								
Pain Killers								
Marijuana								
Hallucinogens								
Inhalants								
Nicotine								
Caffeine								
Other								

1. Longest Period of sobriety: 1 Month 3-6 Months 6-12 Months 1-2 Years Other: _____.

Withdrawal Symptoms Experienced (Check all that Apply)		
<input type="checkbox"/> Tremors	<input type="checkbox"/> Nausea/Vomiting/Diarrhea	<input type="checkbox"/> Increased Heart Rate
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Anxiety/Depression/Irritability	<input type="checkbox"/> Runny Nose/Eyes
<input type="checkbox"/> Achy Joints/Muscles	<input type="checkbox"/> Poor Concentration	<input type="checkbox"/> Headache
<input type="checkbox"/> Sweating	<input type="checkbox"/> Other: _____	

2. Any serious medical conditions as a result of abuse: Seizures Cirrhosis Hepatitis Other: _____
_____.

3. Ever have an overdose of drugs/alcohol? Yes No If yes please explain: _____
_____.

Family History of Addictions (Check all that Apply)		
<input type="checkbox"/> Biological Father	<input type="checkbox"/> Biological Mother	<input type="checkbox"/> Siblings
<input type="checkbox"/> Paternal Grandfather	<input type="checkbox"/> Paternal Grandmother	<input type="checkbox"/> Aunts/Uncles
<input type="checkbox"/> Maternal Grandfather	<input type="checkbox"/> Maternal Grandmother	
<input type="checkbox"/> Other: _____		

Other Addictions (Check all that Apply)		
<input type="checkbox"/> Sexual Acts	<input type="checkbox"/> Eating	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Use of Laxatives	<input type="checkbox"/> Shopping	<input type="checkbox"/> Gambling
<input type="checkbox"/> Calling 900 Numbers	<input type="checkbox"/> Lying	<input type="checkbox"/> Stealing
<input type="checkbox"/> Other: _____		