Breaking Free

Case History

Personal Information

Today's Date: _____

Name: _____ **GDC #**_____

Facility _____ **Trade**_____

Date of Birth _____ **Age** _____ *Circle One* **Married** **Single**

Parent's Name: _____

Address: _____ **Apt #** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: ( ) _____ **Alternate Phone: ( )** _____

Relationship/Educational History

Level of Education Completed: _____

Religion: _____

Number of Children: _____ **Ages of Children:** _____

Presenting Problems

Brief Explanation Of Your Problem or Addiction _____

_____

_____

_____

_____

How Long Have You Been In Your Addiction or had this problem? _____

Psychological Checklist

Do you have any current or past psychological problems? *Please check the appropriate boxes.*

Symptom or Problem	No	Current Problem	Past Problem	Age when first a problem	Treatment
Depression					
Bipolar Disorder					
Anxiety/Panic Disorder					
Obsessive Compulsive Disorder (OCD)					
Post Traumatic Stress Syndrome (PTSD)					
Psychosis, Delusions, Hallucinations					
Paranoia					
Attention Deficit/ Hyperactivity Disorder (ADHD)					
Other Learning/ Educational Disorders					
Suicidal thoughts / feelings/ideations					
Homicidal thoughts/ feelings/ideations					
Self-Mutilation					
Anger, Agitation, Aggression					
Victim of Emotional, Physical or Sexual Abuse					
Perpetrator of Emotional, Physical or Sexual Abuse					
Alcohol/Substance Abuse/Dependency					
Eating Disorder					
Other					

Substance Use History

Substance	Age 1st Use	Last Use	No Use (Check One)	Current Use (Check One)	Frequency
Nicotine, Cigarettes, Smokeless Tobacco					
Alcohol					

Amphetamines, Speed, or other stimulants					
Barbiturates, Downers					
Caffeine					
Cannabis (marijuana) or hashish					
Cocaine, Crack					
Ecstasy					
Hallucinogen (LSD, Angel Dust, Mescaline)					
Inhalants (glue, gas) "huff"					
Opiates (Heroin, Methadone, Codeine, etc.)					
Prescription					
Other					

Sexual History

How many sexual partners have you had? _____

Have you participated in "risky" sexual behaviors (ie. sexual intercourse with IV drug user)? _____

Have you ever been tested for sexually transmitted diseases? _____

Have you ever been diagnosed with a sexually transmitted disease? _____ If so, what? _____

_____

Other History

Living Situation at home: __ *No Problems* __ *Problems* *Explain:* _____

Legal History: __ *No Problems* __ *Problems* *Explain:* _____

Family: __ *No Problems* __*Problems* *Explain:* _____

Spiritual: __ *No Problems* __ *Problems* *Explain:* _____

Residents Family (Mother, Father, Siblings, etc.)

Name	Relationship	Age	Occupation	Marital Status

Health History

Condition	Yes	No	Date	Please Elaborate
Allergies				
Asthma				
Congenital Problem				
Diabetes				
Epilepsy				
Heart Condition				
Ankle Injury				
Knee Injury				
Head/Neck Injury				
Shoulder Injury				
Elbow Injury				
Wrist Injury				
Hand Injury				
Finger Injury				
Other Injuries				

1) Height _____ **Weight** _____

2) Do you currently have any injuries or disabilities that would prevent or inhibit you from participating in a trade crew? Y N

If so, please explain: _____

_____

_____

3) Are you currently taking medication of any kind? Y N

If so, please name the drug(s), dosage and frequency needed: _____

_____

4) List any known allergies: _____

_____

5) Please elaborate on any medical condition that we should be aware of: _____

_____

6) Please list any injuries suffered in the last two months: _____

7) Please state any special instructions to follow in case of an emergency: _____

_____

Immunizations and Screenings (Please state month and year)

Tetanus _____ **TB Skin Test** _____

Treatment History

Have you had any previous psychological consultations? Y N When: _____

Where: _____ **Duration:** _____ **Reason:** _____

Have you ever been in a treatment program? Y N When: _____

How Many: _____ **Where:** _____

Duration: _____ **Voluntary? Y N Reason for admittance:** _____

_____

Have you ever been hospitalized for psychiatric reasons? Y N When: _____

Where: _____ **Reason for admittance:** _____

_____

Placement

Why do you need to be in this program and what are you hoping to gain from it? _____

_____

_____

_____

_____

_____

_____

_____

I, _____ **certify that all of the information put forth in this document is accurate and truthful to the best**
Print Name

of my knowledge.

_____ _____
Signature **Date**

_____ _____
Counselor Signature **Date**