

**ALLIED ADDICTION RECOVERY, LLC**

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**OUTPATIENT ADMISSION QUESTIONNAIRE**

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M/F Date: \_\_\_\_\_

DRUG AND ALCOHOL INFORMATION

1. Why are you seeking treatment for chemical dependency at this time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you think that you need help for a drug or alcohol problem? Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever attempted to stop using drugs and alcohol on your own? Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever used drugs and/or alcohol upon waking up or to avoid withdrawal symptoms? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. What are your expectations of drug and alcohol treatment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you had prior drug and alcohol treatment? If yes, please explain the type of treatment received (ex: outpatient, inpatient, detox) and what type of discharge (ex: successful, unsuccessful, left against medical advice):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please explain any involvement you may have had with Alcoholics Anonymous (AA) or Narcotics Anonymous and if you think 12 step programs are beneficial:

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VOCATIONAL/EDUCATIONAL/RECREATIONAL INFORMATION

7. What is your highest level of education?

- Middle School \* Highest Grade Completed: \_\_\_\_\_
- High School \* Highest Grade Completed: \_\_\_\_\_
- GED
- Trade School
- College
- Graduate School

8. Your ability to read, write, comprehend is:

- Excellent  Good  Fair  Poor

9. Do you have a work history? Y/N

10. Are you currently employed? Y/N

- Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Work Schedule: \_\_\_\_\_

11. List your last two jobs:

Employer	Job Title	Dates Worked

12. How has drug and alcohol use impacted your ability to attend, perform, and maintain work?

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13. Have you ever used any mood altering chemicals while expected to be totally fit when at work?

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14. Please rate your stress level regarding your employment status:

- No Stress  Low Stress  Moderate Stress  High Stress

RECREATION AND LEISURE

15. Identify any hobbies and/or recreational activities that you enjoy.

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16. Has the use of mood altering chemicals changed your involvement in the above listed hobbies and recreational activities? If so, please explain:

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17. What, if any, new hobbies would you like to become involved with during your recovery?

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BIOMEDICAL INFORMATION

18. Please described any current medical conditions:

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19. Have you been diagnosed with a mental health disorder? Explain:

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20. Do you view addiction as a disease? Explain why or why not:

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21. Do other members of your family have a chemical dependency? Explain:

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22. Do you have any allergies to food(s) or medication(s)?

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**Physician/Psychiatrist:**

NAME	TYPE OF DR.	ADDRESS	PHONE	LAST VISIT	REASON

**Current Medications:**

MEDICATION	DOSE	FREQUENCY	REASON

**Significant Medical History:**

OPERATION/ILLNESS	WHEN (MO/YR)	WHERE TREATED (HOSPITAL, DR, ETC.)	ANY COMPLICATIONS?

**Family Medical History:**

Codes: **M**=Mother **F**=Father **B**=Brother **S**=Sister **C**=Children **D**=Deceased

CONDITION	SELF	M	F	B	S	C	COMMENTS/CAUSE OF DEATH
Anemia							
Asthma							
Cancer							
Diabetes							
Epilepsy							
Heart Disease							
High Blood Pressure							
Hepatitis							
Tuberculosis							
Other:							

\*Please sign and return to admission staff:

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR STAFF USE ONLY:**

Vocational/Education Issues:

- \_\_\_ Does not seem to warrant attention at this time
- \_\_\_ Will be referred to OVR Counselor
- \_\_\_ Will be addressed in treatment plan

Recreational/Leisure Issues:

- \_\_\_ Will be addressed through recreational and psycho-educational groups
- \_\_\_ Will be addressed in treatment plan

Comments:

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**AAR Staff Signature:** \_\_\_\_\_

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