

Substance Evaluation Preparation
BRING THIS FORM WITH YOU FILLED OUT! Page 1

Please fill out all areas:

HAVE YOU EVER BEEN INCARCERATED, ON PROBATION, OR ON PAROLE? IF YES, ANSWER

Offense	Location	Date	Release Date

Describe your past drinking habits and controlled substance use in detail

Alcohol-What kind of alcohol	How Often	Amount used

Controlled Substances-Type of Drug

Last time you consumed alcohol	Name of alcohol consumed	Amount consumed
Last time you used an illicit drug	Name of drug	Amount consumed
Last time you drank a non-alcoholic beer	Name of beer	Amount consumed

Please explain your intentions regarding your future use of alcohol or drugs:

Are you currently taking any prescription medications? If yes, List:

Name of Drug	Medical Condition	Medication Use: Start-End Date

Have you ever abstained from alcohol or controlled substances while incarcerated, on probation, or on parole? If yes, when?

From	To

Please fill out all areas:

LIFETIME CONVICTION HISTORY - "NOT" ARREST DATES!!!

Driving Convictions	Date	Bodily Alcohol Content or Drug Type (if known)	Non-driving Convictions	Date	Bodily Alcohol Content or Drug Type (if known)

LIFETIME TREATMENT HISTORY FOR ALCOHOL OR DRUG USE

Program Type- Any but "NOT" AA, NA, etc.	Beginning and Ending Dates	Name of Program, Leader, Location			

LIFETIME SUPPORT GROUP HISTORY:

Period	Frequency	Type-AA/NA, etc.	Sponsor Yes or No?

LIFETIME ABSTINENCE HISTORY:

Period of Abstinence Beginning and Ending Dates	Abstinence Period Ended by what substance	Why?

List:

Current work:

School:

Hobbies:

Goals: