MindfulGuidance
COACHING AND COUNSELING

Substance Use Intake Form

This form is to be used in addition to the Intake Form

DATE: _____ *NAME:* _____

DOB _____

If you are comfortable sharing this information at our initial session, please complete and bring with you. If not, we will explore this area of assessment together and discuss any concerns you have about sharing this information with me. The more I know about your history and current use patterns, the more I can be effective. Please place a check ✓mark next to the substances you are currently using at any level of frequency.

Substance Use History: *(AGE= age first used)*

	DRUG	*AGE*	*FREQU.*	*AMOUNT*	*DRUG*	*AGE*	*FREQU.*	*AMOUNT*	
☐	Alcohol				Tranquilizer				☐
☐	Cocaine/Crack				Inhalants				☐
☐	Cannabis				Over/Counter				☐
☐	Heroin				Meth				☐
☐	Methadone				Other:				☐
☐	Ecstasy								☐
☐	Spice								☐
☐	Hallucinogens				Amphetamines				☐
☐	Barbiturates				Benzodiazepines - e.g. Clonazepam, Ativan, Xanax, etc				☐

Understanding the Role of Substance Use/Abuse/Dependence in Your Life:

Perception of substance use *(how do you see the substance use currently, feelings when under the influence):*

_____

_____

What do you believe about substance use/abuse/dependence?

_____

What do you believe has contributed to your pattern of substance use (*family issues, trauma, etc*)?

_____

Family or loved one's perception of substance use/abuse *(do they see your use as problem)?* What concerns have they expressed (*what are some of the statements they have made to you or others*)?

_____

_____

_____

MindfulGuidance
COACHING AND COUNSELING

What have your family or loved ones done in regards to their concerns? What have they done in their attempts to "help" you or the family?_____

_____

When and what do you most often use?_____

_____

When patterns do you notice with the use? _____

_____

Has there been a history of drug/alcohol induced blackouts or passing out? What is happening during and/or right before those times? _____

_____

History of family and/or peer substance use/abuse: _____

_____

Significant period during which substance use/abuse occurred instead of attending school/work or engaging in usual activities with family and friends: _____

Have there been significant periods with an overpowering need to use substances, a feeling of loss of control due to substance use, or a sense of compulsion to use substances? Describe: _____

_____

Have there been significant periods where attempts were made to cut down or eliminate use without success? What did you attempt to do? _____

_____

History of doing things you may not usually do in order to obtain drugs (stealing, sex for drugs, etc):

_____

_____

Have there been significant periods during which more substances were necessary than in the past to obtain the same effect or same amount of substances did not produce previous effects? _____

_____

What legal, financial, health, career, familial, etc… problems/consequences have you sustained related to the use? Describe _____

_____

MindfulGuidance
COACHING AND COUNSELING

Solutions and Attempted Solutions Over Substance Use/Abuse:

Longest period of sobriety/abstinence: _____

How were you able to maintain sobriety/abstinence? _____

_____

What attempts have you tried (rehab, at home detox, medical detox, therapy, outpatient, AA/NA, etc) to reduce or abstain for substances? What was/were the result(s) of each? _____

_____

_____

Describe 3 – 5 areas you have been successful in your life. What were you doing, and how were you able to be successful? Remember to even think about small successes. _____

_____

_____

If you had to try something 180° different to resolve the issue with substance use, what do you suppose might work? _____

_____

Describe at least 5 things you will be doing differently in your life when substance use is no longer a problem? Areas to ponder (*what will your relationships be like, what activities will you enjoy, who will notice you doing well, what will your career be like, etc*). _____

_____

_____

_____

Thank you for your willingness to reflect and share honestly. If feelings of worry, shame or self-judgment arise while completing this form, please note those here: