

Substance Abuse Treatment History

Name

Person filling out form if different from patient

Age of Patient

Instruction: If you are filling this out on behalf of the patient, please answer from the patient's perspective.

Did you receive any treatment for substance abuse?

YES

NO

If YES, please fill out the table below to the best of your knowledge:

Inpatient Treatment	How many episodes of treatment?	Age of first treatment	Age of last treatment	Any additional treatment information?
YES				
NO				

Intensive Outpatient	How many episodes of treatment	Age of first treatment	Age of last treatment	Any additional treatment information?
YES				
NO				

Outpatient	How many episodes of treatment	Age of first treatment	Age of last treatment	Any additional treatment information?
YES				
NO				

12-step Program	How many episodes of treatment	Age of first treatment	Age of last treatment	Any additional treatment information?
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YES

NO

Other	How many episodes of treatment	Age of first treatment	Age of last treatment	Any additional treatment information?
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Please return this form to the office one day prior to your appointment or email it to hwanderson@q.com. Or, you may FAX it to 970-205-9462. If you choose to email it you can go to Sendinc at www.sendinc.com and mail it securely. You will need to set up an account, which is free. Thank you.