



# Tahoe Youth & Family Services

## Adult Confidential Questionnaire

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client #: \_\_\_\_\_

Client's Legal Name:		Nick Name:
Home Phone: ( ) -	Work #: ( ) -	Cell #: ( ) -
Current address:		
City, State, Zip:		
How long have you lived at the above listed residence:		
City and state where you were born:		
E-mail Address:		
Social Security Number:	(Sex): M F	Relationship Status:
Date of Birth:	Age:	Ethnicity:
Present occupation:	Education: Highest degree achieved:	Mother's full name:
Emergency contact name:	Relation to client:	Contact #:
Referred by:		

**1. Have you ever been in counseling or therapy or been hospitalized for drug addiction/alcohol/mental health reasons? (Circle one.) Yes No**

**If so, please list below:**

Date	Location	Length of stay

**2. Please list all medications that you are currently taking.  
(If you require additional room, please use the back of this page.)**

Name and dosage of medication	Health condition requiring this medication

**3. Social History and questions.**

Legal Issues	When/Where	Outcome

**4. Substance Use History (Please list in order of preferred use.)**

<b>Substance Type</b>	<b>How often</b>	<b>How long have you used this substance</b>	<b>Age of first usage</b>	<b>Last usage</b>
<b>Alcohol</b>				
<b>Marijuana</b>				
<b>Hallucinogens i.e. (LSD, Mushrooms Etc.)</b>				
<b>Cocaine</b>				
<b>Crack i.e. Ice</b>				
<b>Methamphetamine i.e. (Crank, Speed)</b>				
<b>Ecstasy</b>				
<b>Pills i.e. (Oxycotin, Vicodin, Valium)</b>				
<b>Inhalants</b>				
<b>Heroin, Methadone</b>				
<b>Over the counter medication</b>				
<b>“Spice”</b>				

**5. FAMILY HISTORY: Please provide information regarding your immediate family.  
(If you require additional space, please use the back of this page.)**

<b>Name</b>	<b>Age</b>	<b>Birthday</b>	<b>Relationship</b>	<b>Occupation</b>	<b>Any substance abuse or other addictions/ List what</b>

**The following questions will allow us to learn more about your current concerns. By giving these questions your full attention, you will help us better assist you.**

**Please list some of the problems/issues you are encountering at this time.**

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**What are some of the current behaviors that concern you the most?**

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**In what ways have you tried to solve these problems on your own?**

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**What past events do you feel may have contributed to the current problems/concerns?**

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**Extra Notes Below:**

**Please list three goals you would like to accomplish for yourself/family.**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**Specifically, what do you feel we can do to help you accomplish these goals?**

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

**Please use the space below for any additional thoughts or concerns you may have.**

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

**Client's Signature:** \_\_\_\_\_

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