

Wellspring Second Chance Center

DATE:

CLIENT: John Doe
ADDRESS 6910 1151/2 Ave No
Champlin Mn. 55316

D.O.B.: March
SEX: Male
RACE: White

REFERRAL AND PRESENTING PROBLEM:

1. Who referred the client to us? (name, agency, job title)
2. What is the problem?
3. What is the reason for this referral?
4. How does the client perceive the circumstances that has brought them to our door?

LEGAL BACKGROUND:

1. What offenses has this individual been convicted of?
2. What are the approximate dates?
3. What other charges, if any, has the client been arrested for but not convicted?
4. What is the client's current status: facing no charges, pre-trial, parole, etc.
5. What is the name and address of the client's attorney?
6. What is the relationship of substance abuse to the client's legal difficulties?
7. Is the client involved with JCS, DHs or any other service provided?

VOCATIONAL BACKGROUND:

1. What is the individual's vocational status?
2. Who is the current employer? (job title and responsibilities?)
3. Dates of employment?
4. How satisfied is the client with current employment?
5. How does the client relate to supervisors and co-workers?
6. What previous jobs has the client had? How long were these held? What was the reason for leaving?
7. Special skills or trades learned?
8. How has substance abuse affected the client's vocational situation?
9. What long range goals, if any, does the client have? Needs? Relationship to treatment?

FINANCIAL ASSESSMENT:

1. What is the client's income?
2. What kind of health insurance does the client have?
3. What is the client's debt situation? Is there a relationship to usage?
4. Does the client appear to have good habits of financial management?
5. Do finances represent a serious living problem or limit treatment alternatives?

EDUCATIONAL BACKGROUND:

1. What were the client's school days like? Ask about how they related to other students and teachers. Inquire about grades and extracurricular activities, problem.
2. What was the last grade completed and when?
3. What other training has the client had? List degrees and certificates, include date.

4. Is the client interested in further education or training?
5. Sum up the client's educational status including needs and relationship to substance abuse, if any.

FAMILY COMPOSITION AND DYNAMICS:

1. Where did the family reside during the client's childhood? What type of community? (urban, rural, suburban)
2. What was the family's socio-economic status? What was the parent's occupations.
3. Describe siblings. How many children in the family? Names and ages? Client's place in order?
4. Describe parents. What is the current marital status? Step-parents?
5. What kind of relationship did the client have with their father, mother, siblings? Include current relationships.
6. Did the client's parents have a drinking problem? Siblings? Other drugs? What was the family attitude toward use of alcohol or other drugs?
7. The final statement should be a brief assessment based on the family history.

MARRIAGE BACKGROUND

1. Current status i.e. living together or separated.
2. How long has the couple been together?
3. Describe children/relationships. What are the names, ages, and sexes of children. Identify children from previous marriages.
4. Describe spouse. What is the spouses view of client's use/abuse. Does the spouse us
5. How does the client view the relationship? Have there been separations, threats? Have the client or spouse had affairs? What does the client believe is the major problem in the relationship?
7. Has the client or spouse been married previously? How long did the previous marriage last? Reason for break-up?
8. General assessment regarding the marital history including the effect of alcohol or drugs, if appropriated.

RELATIONSHIP WITH PEERS:

1. What social activities does the client engage in?
2. Relationship with friends?
3. What role does alcohol or other drugs play in these social activities and relationships? Have there been any major changes in the client's social life?

PSYCHOLOGICAL BACKGROUND:

1. In general, is the client in touch with reality?
2. What defense mechanisms does the client appear to be involved in? How is the client's self-image?
3. What prior treatment for mental/emotional disorders has the client had?
4. Does the client report suicide ideations, attempts, overdoses, mood swings, etc.?
5. Does a problem appear to exist that would limit substance abuse treatment?

SUBSTANCE ABUSE HISTORY: (Narrates information from alcohol/drug history form)

1. When did the client begin using what? Specify type/circumstances.
2. Note the pattern of use.
3. What problems have developed as a result of use?
4. Summarize prior treatment experiences.
5. What is the client's current usage and perception of use?
6. Counselor assessment (can include test scores for support).

INITIAL IMPRESSION: Summarizes and assesses previous information. Summary statements include clients' current status, strengths, and needs.

GENERAL RECOMMENDATION: Describe appropriate treatment (ie. Outpatient), types of sessions (individual, group, family) and general goals. Conclude with supportive activities (A.A. ,N.A. ,etc.) and/or potential referrals (job services, etc.)