Better Mood Clinic, P. C.
2935 N. Ashley St. Bldg F
Valdosta, GA 31602

Substance Abuse Intake

All information on this form is strictly confidential

Extra Space for Clinician use only

Please print information and answer all questions.

Full Legal Name: _____ SSN: _____-_____-_____ Age: _____

Which substance(s) do you use regularly?_____
_____

What is your substance of choice?_____

How old were you during your first experience with this substance? _____

When were you first intoxicated on this substance (age)? _____

When did you start using regularly (age)? _____ How much? _____

What amount do you use now? _____

How many times a day, week, or month? _____

When have you noticed significant increases or decreases in using? (Think from your using history to the present, under what conditions):
Increases:_____
Decreases:_____

When did you last use? _____How much did you use at that time? _____

How much do you have to use to get intoxicated? _____

What is the most you have consumed in a 24 hour period? _____

What has been your longest period of abstinence? _____

Why do you use? _____

What is the feeling you get when you use? (Examples: depressed, anxious, angry, euphoric, etc.) _____

What is your perception of your relationship with your substance of choice? _____
_____
_____
_____

Are you currently experiencing emotional problems? (Examples: mood swings, anger sadness, etc.)? _____
_____
_____

Due to using the substance of your choice, which symptoms and conditions have you experienced? **Please mark all that apply:**

Loss of control ____
Increased tolerance ____
Attempts to stop/control usage ____
Impaired Judgment/Role functioning ____
Medical problems/complications ____
Marital/Family problems ____
Emotional problems (guilt, shame, anger, etc.) ____
Occupational problems (arriving late, concern of supervisor/co-workers, etc.)____
Blackouts ____
Passouts ____
Hangovers ____
Eating problems ____
Sleeping problems ____
Financial problems ____

Have you ever experienced withdrawal symptoms after ceasing usage? Yes No
Please specify. (Examples: shakes, sweats, hallucinations, increased anxiety or physiological responses, difficulty sleeping) _____
_____
_____
_____

Any legal issues because of your usage? Yes No
If yes, explain: _____
_____
_____

How much do you, or have you, spent in a month on your substance of choice? _____
_____

Is there a family history of alcohol or drug abuse in your family? Yes No
What substance and what relation (list all you know of)? _____
_____
_____
_____
_____

Are you currently receiving mental health treatment? Yes No
If yes, where and with whom? _____

Any prior history of detox or hospitalization? Yes No
How many times? _____Where and with whom (Doctor/Counselor)? (Specify status-Examples: Inpatient, Out-patient, Shelter, Halfway House, etc.) _____
_____
_____
_____

Have you previously been in A.A., N.A, etc.? Yes No Which program? _____

What were the outcomes of your prior treatment?
Positive: _____ Negative: _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

What are some areas of stress in your life? _____
_____
_____

In what ways do you cope (good and bad) with stress in your life? _____
_____
_____

What type of support system do you have in your life? (Examples: spouse, church, family, community support group, etc.) _____
_____

What do you hope to accomplish by coming to the Better Mood Clinic? _____
_____
_____
_____

_____ _____
Signature of Patient/Guardian BMC Staff

_____
Date