



Associated Counseling Group

◆ 748 N MAIN STREET ◆ FREMONT, NE 68025 ◆
◆ 402-941-7016 ◆

Client Name: _____ Date: _____
 Date of Birth: _____ Age: _____ Client's SS#: _____ Street
 Address: _____
 City/ State/ Zip: _____ Do you currently Rent ___ Own ___ How long _____
 Home Phone#: _____ Work Phone#: _____
 Employer: _____ Length of employment: _____
 School: _____
 Martial Status: Never been Married ___ Married ___ Divorced ___ Separated ___
 # of people you support: ___ Religious preference: _____ Active in your religion? Y ___ N ___

I the undersigned, authorize Associated Counseling Group to:

- Agency/Individual _____ Phone: _____ (Attorney- if any)
 Receive **Obtain** **Exchange**
- Agency/Individual _____ Phone: _____ (Probation- if any)
 Receive **Obtain** **Exchange**
- Agency/Individual _____ Phone: _____ (Family/friend/clergy)
 Receive **Obtain** **Exchange**
- Agency/Individual _____ Phone: _____ (Family/friend/clergy)
 Receive **Obtain** **Exchange**

I further authorize the release, exchange or attainment of the following items:

- Medical:** diagnosis, prognosis, medications, testing, treatment, laboratory, pharmacy and lab reports including (blood levels).
Psychiatric: diagnosis, prognosis, evaluation, medication checks, clinical notes and discharge summary.
Psychological: diagnosis, prognosis, evaluation, testing results-both formal and informal.
Therapeutic: intake, social history, treatment plan, progress notes, staffing notes and discharge summary.
Payment: any medical or other information necessary to process this claim. I also request payment of government payments directly to Associated Counseling Group. I further authorize payment of medical benefits and/or mental health services directly to Associated Counseling Group.

This release is requested for the following purpose(s).

- Referral for services**
- Assistance in assessment and/or treatment planning.**
- Case consultation, coordination, monitoring.**

- 1.) I understand that this consent will remain in active for 60 days following the termination of all my services.
- 2.) I understand that I have the right to choose to inspect the written information that will be released with this authorization and that if chosen such an inspection will occur in a meeting with Associated Counseling Group staff.
- 3.) I understand that I may revoke this consent at any time by providing a written revocation to Associated Counseling Group
- 4.) I understand that any release of information which has been made prior to revocation of the release and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality.
- 5.) I understand that either a photocopy or a facsimile of this authorization to relapse information shall be deemed as valid and effective as the original.

Parent or Guardian Signature Date

Client Signature Date

Name _____ Date _____

I Presenting Problem(s) – What led to you seeking this evaluation- please include the amount of substance (alcohol/drugs or both) consumed if applicable and the **complete** story behind the legal involvement, if any, as well including dates and the BAC if one was identified (i.e. .12 BAC)

Time you had your first drink _____ Time you had your last drink _____ Number of drinks your had _____
What were you drinking _____ Where you were drinking _____
Who you were drinking with _____

Why you were pulled over or why law enforcement became involved _____

Date, Time and location of stop _____

Did you complete a field sobriety test and did you pass _____ BAC _____

Did you feel ok to drive? _____

In the last 12 months have you had something to drink and driven with out having legal involvement? Yes / No

If yes approximately how many times in this past year have you been able to safely driven after you have consumed alcohol. _____.

Other information: _____

Who recommended you obtain the evaluation? _____ (court, attorney, probation)

When was it recommended you obtain an evaluation? (Approximately) _____

A. Behavioral Concerns if any (truancy, oppositional behaviors, conduct issues, **legal** and Work/school problems, etc.):

--Indicate place of most frequent problems

B. Emotional concerns if any (anxiety, depression, mood issues, etc.)

--Indicates place of most frequent problems

C. Individual (do you have difficult establishing interpersonal relationships, dating issues, substance abuse issues, etc.) **or** Marital Concerns (has there been any divorces, infidelity, separations, multiple marriages, substance abuse issues, etc. in your life)

II. Strengths and Weaknesses (What do you count on, what holds you back in your life) list at least one of each

Strength: _____

Weakness: _____

Personal Status:

Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Children _____ Ages _____ Race _____

How are your relationship(s) _____

D. Family relationships

Where were you born and raised _____

Father's name & age _____ Mother's name & age _____

Relationship with father _____

Relationship with mother _____

Brothers and sisters (names and ages) _____

Family deaths: _____

Have any family relationships changed? _____

Any chemical dependency in self or family? _____

Any child abuse in family? _____

Are there any significant legal, marital, psychiatric or medical problems in your family?

Yes _____ No _____

If so what? _____

Who is the disciplinarian in your Family? _____

What are your parents' goals for your life(if an adolescent) ? _____

Who was/is your role model? _____

Is there anyone on your mother's side of the family that you know of that had any problems related to the use of alcohol or drugs or any emotional or behavioral problems (like depression or anxiety...) if yes who and what problems did they have _____

Is there anyone on your father's side of the family that you know of that had any problems related to the use of alcohol or drugs or any emotional or behavioral problems (like depression or anxiety...) if yes who and what problems did they have _____

E. Marital and /or intimates relationship:

Name of spouse _____ Number of times married _____

Describe relationship _____

Are you or have you previously been intimately involved with someone else? _____

Feelings about this _____

Do you have difficulty being intimate? _____

Do you trust your spouse? _____

Explain your ability or inability to communicate with your spouse

Developmental History:

Were you delivered normally at birth? _____

Did you experience any health problems? _____

If yes, Please list: _____

Current weight: _____ Date of last physical: _____

Current Medical Doctor: _____

Last event that lead to an overnight stay in a hospital: _____

Do you currently suffer from a chronic medical condition (i.e. asthma, diabetes, chronic pain) is yes what _____

Are you taking medication for a chronic condition or any other physical condition, if yes list medication dosage and frequency taken ? _____

Childhood Diseases? _____

How would you describe your childhood? _____

As a child/adolescent did you experience any of the following?

Attempted Suicide _____ Sexual Molestation _____

Suicidal Thoughts _____ Running away _____

Deliberate Self Injury _____ Adoption _____

Foster Care _____ Feeling Abandoned _____

Wanted by Parents _____ Sibling Rivalry _____

Hospitalization _____ Unconsciousness _____

Alcohol/ Drug Use

What is your substance of choice? _____

How frequently would you say you consume your substance of choice? _____

What is a common amount for you to consume when you consume alcohol or drugs?

What would be a fair estimate of the most you may have ever consumed at one time of your substance of choice _____

How does your living situation influence the use of alcohol or drugs? _____

Do you believe you have any addictive behaviors (gambling etc), if so what?

Have you ever had a substance abuse evaluation before today? _____

If so where, when, and what was the outcome?

Have you ever had treatment for substance abuse? _____

If so where, when, and what was the outcome?

At what age did you first try a substance _____ what was it? _____

At what age were you when you began consumption of a substance at least one monthly? _____

What was it you were consuming? _____

Please list the number of days you have consumed any of the following list of substances in the past 30 days and then indicate the number of years you have used the substance. Any use of a substance in a year counts as 1 year. Make any notes you feel necessary to the side of each entry

	# Days Past 30	Lifetime Yrs.	Age of First use	Age at Last use
D1. Alcohol (any use at all)	_____	_____	_____	_____
D2. Alcohol (to intoxication)	_____	_____	_____	_____
D3. Heroin	_____	_____	_____	_____
D4. Methadone	_____	_____	_____	_____
D5. Other opiates/analgesics	_____	_____	_____	_____
D6. Barbiturates	_____	_____	_____	_____
D7. Other sedatives/hypnotics/ tranquilizers	_____	_____	_____	_____
D8. Cocaine	_____	_____	_____	_____
D9. Amphetamines	_____	_____	_____	_____
D10. Cannabis	_____	_____	_____	_____
D11. Hallucinogens	_____	_____	_____	_____
D12. Inhalants	_____	_____	_____	_____
D13. More than 1 substance	_____	_____	_____	_____

_____ per day (including alcohol)
any other substance not listed _____

Has there been a period in your lifetime when you made a point of not consuming any substances? __yes __no

If yes what was the substance _____ Why did you stop _____

How long did you stop your consumption? _____ - Why did you resume using again? _____

LEGAL HISTORY

How many times in your life have you been **arrested** and/or charged with following?

	# of times	Age(s)	Year(s)	Under the influence	
Shoplifting/vandalism/theft?	_____	_____	_____	Y	N
Parole/probation violations?	_____	_____	_____	Y	N
Drug charges?	_____	_____	_____	Y	N
Forgery?	_____	_____	_____	Y	N
Weapons offense?	_____	_____	_____	Y	N
Burglary/larceny/B&E?	_____	_____	_____	Y	N
Robbery?	_____	_____	_____	Y	N
Assault?	_____	_____	_____	Y	N
Arson?	_____	_____	_____	Y	N
Rape?	_____	_____	_____	Y	N
Homicide/manslaughter?	_____	_____	_____	Y	N
Prostitution?	_____	_____	_____	Y	N
Contempt of court?	_____	_____	_____	Y	N
Other?	_____	_____	_____	Y	N
Disorderly conduct?	_____	_____	_____	Y	N
Vagrancy?	_____	_____	_____	Y	N
Public intoxication?	_____	_____	_____	Y	N
Driving while intoxicated?	_____	_____	_____	Y	N

Have you **ever** driven after having consumed alcohol y n

Major driving violations? _____ Y N
(reckless driving, speeding, no license, etc.)
MIP _____ Y

What is the total amount of time spent incarcerated or detained in your lifetime? _____

How long were you in jail or detained for the current charge(s)? _____

What was it for? (If multiple charges, use most severe.)

- | | |
|--------------------------------|---------------------------------|
| 03-Shoplifting/vandalism/theft | 12-Rape/sex related crimes |
| 04-Parole/probation violation | 13-Homicide/manslaughter |
| 05-Drug charges | 14-Prostitution |
| 06-Forgery | 15-Contempt of court |
| 07-Weapons offense | 16-Other |
| 08-Burglary/larceny/B&E | 18-Disorderly conduct, vagrancy |
| 09-Robbery | 19-Driving while intoxicated |
| 10-Assault | 20-Major driving violations |
| 11-Arson | |

Are you presently awaiting charges, trial or sentencing (circle one) or _____

How many days in the past 30 were you detained or incarcerated? _____

How many days in the past 30 have you engaged in illegal activities for profit? _____