

# Behavioral Health Outpatient Services Intensive Outpatient Program

PART I: GENERAL INFORMATION	
Your Name:	Name of Patient:
Who referred you and/or the patient here:	
Your occupation:	
Your employer:	
Your home address:	
Your relationship to the patient:	
How long have you known him/her?	
Do you currently live with the patient, and if so, for how long?	
What recent crisis led you and/or the patient to seek professional help? Please be specific:	
PART II: THE PROBLEM	
What are the patient's primary drug(s) of choice?	
Check the substances the patient has been using recently (within the past 3 months)	
<input type="checkbox"/> Alcohol-beer, wine, liquor	
<input type="checkbox"/> Marijuana	
<input type="checkbox"/> Hallucinogens – LSD, PSP, mushrooms, etc.	
<input type="checkbox"/> Inhalants – Nitrous oxide, etc.	
<input type="checkbox"/> Cocaine (snorting, smoking, injecting)	
<input type="checkbox"/> Crack	
<input type="checkbox"/> Amphetamines – speed	
<input type="checkbox"/> Ecstasy	
<input type="checkbox"/> Heroin	
<input type="checkbox"/> Tranquilizers – Valium, Xanax, Librium, etc.	
<input type="checkbox"/> Anti-depressants – Norpramine, Eleavil, Triavil, etc. Sleeping pills, pain pills, seconal, tuinol, etc.	
<input type="checkbox"/> Other pills – specify: _____	
<input type="checkbox"/> Nicotine	
<input type="checkbox"/> Cough syrup	
<input type="checkbox"/> Synthetic marijuana	



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Have you experienced any of the following in your relationship with the patient?

- physical abuse
- verbal abuse
- sexual abuse
- financial problems
- health problems
- neglect of responsibilities (school, work, etc.)
- legal problems
- loss of job, income
- loss of personal property
- isolation from family and friends
- Other: \_\_\_\_\_

How long has the alcohol/drug problem existed?

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When and how did you first become aware of the problem?

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Please describe the patient's previous treatment for substance abuse and/or mental health:

Hospitalizations: \_\_\_\_\_

Outpatient Alcohol / Drug Programs: \_\_\_\_\_

Psychotherapy / Counseling: \_\_\_\_\_

Other: \_\_\_\_\_

Why do you think previous attempts have been unsuccessful?

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What do you think should be done right now that was not done before to insure success?

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**PART III: YOU AND THE FAMILY**

In what ways have you tried to handle the patient's alcohol/drug problem?

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What has helped in terms of getting the patient to acknowledge the problem and need for help?

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How much money have you and other family members given the patient:

During the past month: \$\_\_\_\_\_ During the past 6 months: \$\_\_\_\_\_

Please give us your view of the patient's alcohol/drug use by answering these questions:

In my view the patient's alcohol/drug problem is:  mild  moderate  severe

The alcohol/drug problem is a disease requiring treatment and total abstinence:  True  False

The alcohol/drug problem is just a symptom of his/her psychological problems:  True  False

In what ways has the patient's substance abuse caused problems for you and your family?

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What personal problems are you experiencing as a result of the alcohol/drug use?

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What feelings does the patient's alcohol/drug use set off in you?

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What do you think will happen if the patient continues or returns to alcohol/drugs?

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Have you ever sought treatment for alcohol/drug use? If yes, please give details of the doctor, facility, and dates of treatment.

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Have you ever been involved in self-help support groups for families of substance abusers?

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Have you ever sought therapy/counseling for a psychological, family, marital or other personal problem? If yes, please give details of the type of problem and dates:

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Has any relative of your ever had a problem with alcohol/drugs? If yes, please give details:

Relative

Problem

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Answer the following questions about yourself TRUE (T) or FALSE (F)

- Adapt easily to difficult situations
- Have difficulty saying "no" to requests for my help
- Devote more time and energy solving problems of others than solving my own problems
- Easily take on others pain
- Am super responsible
- Am extremely loyal
- Have a history of being involved with other people who have substance abuse problems
- Often feel responsible for the happiness of others
- I believe that I will be able to stop the substance abuser from hurting him/herself
- If I stop helping the substance abuser, he/she will probably end up dead
- I feel like a hostage to the substance abusers problem, but I can't let go

Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted

Interpreter Refused

\_\_\_\_\_  
(Name/Number of Person/Services Chosen/Used)

