

C. Please list all of the addict/alcoholic's previous attempts to cut down or control the use of the drug including previous counseling and treatments.

D. The impact of the addiction upon you, the family member or friend including any emotional, mental, legal, health and financial consequences that you may have experienced as a result of the addict/alcoholic's use.

E. Anything other information you think is important for staff to know about your family member or friend.

The information you provide on this worksheet may be presented to the patient individually or in a group unless you request it is to be kept confidential.

Your Signature

Client's Name

Date