

Regional EAC Referral Documents

DRUG AND ALCOHOL ASSESSMENT FORM

List all illegal drugs, inhalants, alcohol, misused prescriptions/ non-prescription meds, nicotine, performance enhancers, caffeine:								
Substance	How Taken	Age of 1st use	Age regular use	Age of Problem Use	Present Use Pattern	Date of Last Use	Withdraw Symptoms? Yes/ No	Longest Abstinence/ Dates

For substances listed above, please answer the following questions:

If withdrawal, please note symptoms of withdrawal and any difficulties experienced in withdrawal (also note use upon wakening and age 1st experienced withdrawal):

Please note any psychological or behavioral effects of the substance use:

List physical symptoms from substance use:

Please note any support groups or other supports used in prior attempts to achieve sobriety.
