

AL-TECH OF ROCKFORD, INC.
3322 Charles Street, Suite G, Rockford, IL 61104 (815) 397-3612

INITIAL ASSESSMENT

Today's date: _____ Admission date: _____ Client I.D.#: _____

Name: _____ City: _____ state: _____ Zip: _____

Place of birth: _____ phone: _____ work /Cell: _____

Social Security # _____

Drivers license # _____

Sex: Male Female Race: White Black Yellow

Nationality: Hispanic Native American Other _____

Marital Status: Single Married Separated Divorced Widowed

Children? _____ Dependents (yourself included) _____ Religion: _____

Employment Status: Full-time Half-time Unemployed

Disabled Retired Student

What is your highest level of education? _____

Place of employment: _____ Title _____ Hours: _____

Military Status: Veteran Non-veteran Branch: _____ years: _____ Discharge _____

Total income /year _____ most recent DUI or other arrest: Date _____ Time _____ County _____

Are you willing to participate in treatment and/or Education? Yes No

In case of Emergency: _____ Phone _____ - _____ - _____

Client's Signature: _____ Date: _____

Staff Member's Signature: _____ Date: _____

AL-TECH OF ROCKFORD, INC – INICIAL ASSESSMENT – CONTINUED

Arrests Previous:

List all prior arrests, even if not convicted: _____

Are you currently on probation? Yes No County _____

Name of P.O. _____

Reason for coming to Al-Tech: _____ Who referred you?: _____

Medical

Rate your general health Excellent Good Fair Poor

Describe any serious medical condition or physical disability: _____

Please list any medications that you are currently using: _____

History

At what age did you first become involved with alcohol? _____

How many days did you drink at this age? _____ Weekly? Monthly? Yearly?

What did you drink? _____ Each time you drank, how much did you drink? _____

What age did you drink the heaviest? _____ How many days did you drink at this age? _____

Per: Weekly? Monthly? Yearly?

What age did you first become involved with drugs? ___ How many days did you use drugs at this age? ___

by: Weekly? Monthly? Yearly? What drugs did you use? _____

_____ How much did you use? _____

AL-TECH OF ROCKFORD, INC – INICIAL ASSESSMENT – CONTINUED

What age did you drug the heaviest? _____ How many days did you use drugs at this age? _____

By: Weekly? Monthly? Yearly?

What drugs did you use- How much did you use? _____

How many days per week did you drink and/or drug in the past year? _____

What did you drink and/or use and how much did you drink and/or use? _____

When did you have your last (most recent) drink / drug? _____

What did you have (type / amount)? _____

How often do you drink / drug? _____

What do you usually drink? _____

Do you have times when you have one or tow drinks? _____

What is your mood when you have 1 or 2 drinks or use drugs? _____

How much money do you currently spend on alcohol / drugs? _____

By: Weekly? Monthly? Yearly?

How many times have you tried to quit drinking and /or drugging? _____

What length of time have you been able to quit alcohol or drug use? _____

Please list some of the reasons you have tried to quit drinking and/or drugging?

AL-TECH OF ROCKFORD, INC – INICIAL ASSESSMENT – CONTINUED

Please check any chemicals you have experimented or have tried?

Alcohol Heroin Pot Cocaine Crack Cocaine LSD

Others _____

Where do you drink and / or drug? Home Club Tavern Friend's Home Car

Concerts Work Drug House Sport Events Restaurant

Who in your family has had, or currently has a problem with alcohol or drugs?

Grandparents Son Daughter Brother Sister Mother Father

Have you ever been treated for alcohol and/or drugs? Yes No

Where?: _____ When? _____

Inpatient Out patient ¿How long was the program? _____

Do you have any legal problems? Yes No

If yes, what are they? _____

Are you currently working with an attorney? Yes No Name of the Attorney? _____

Are you currently employed? Yes No Where? _____

For how long? _____

How many jobs have you had in the last five (5) years? _____

Please answer the following questions by checking questions by checking the appropriate box:

1. Do you or have you drank or used drugs alone? Yes No
2. Do you drink and drug to change your moods? Yes No
3. Do you forget things when you are drinking and or drugging? Yes No
4. Have you ever had a Blackout/memory loss? Yes No
5. Do you get angry when you drink and/ or use drug? Yes No

AL-TECH OF ROCKFORD, INC – INICIAL ASSESSMENT – CONTINUED

6. Do you get into fights when you drink and/ or use drugs? Yes No
7. Do you switch from one drink and or drug to another? Yes No
8. Is it hard for you to talk about alcohol and/or drug use? Yes No
9. Do you worry about your use of alcohol and/ or drug? Yes No
10. Do you relieve that you currently have a problem with alcohol and/
or drugs? Yes No
11. Do you believe that you have ever had a problem with alcohol
and/ or drugs? Yes No
12. Do you feel that your life is out of control because of drinking
and/ or drugging? Yes No
13. ¿Do you ever decide to stop drinking and/ or drugging for a week or
so but only last for a few days? Yes No
14. Do you feel your life would be better off if you did not drink or drug? Yes No
15. Who of any of the following people ever told you that you have a problem with alcohol or
drugs? Members of the legal system Family Members Doctors
Employers Friends
16. Do you smoke tobacco? Yes No
17. Do you think you are addicted to nicotine? Yes No
18. Would you like to quit smoking cigarettes? Yes No