



Tara Yardley LPC LLC
Substance Abuse Assessment

Client name: _____ **Date of Birth :** _____

Briefly describe your reason for seeking help at this time _____

How long have you experienced this difficulty? _____

Substance Use History

Substance	Amount	Frequency	Last Use
Cigarettes			
Other tobacco product			
Alcohol:			
Beer			
Wine			
Hard Liquor			
Marijuana			
Amphetamines			
Cocaine/Crack			
Opiates			
Barbiturates			
Hallucinogens			
Prescription Abuse			
Other			



Tara Yardley LPC LLC

Substance Abuse Assessment Continued

Client name: _____ **Date of birth:** _____

Do you feel your substance use is a problem for you? YES NO

Explain _____

Do you have any history of substance abuse treatment? YES NO

If yes, when and where, _____

Are you currently involved in any substance abuse support groups or treatment programs? YES NO

Please describe any relevant court or legal issues

Are you currently on Probation/Parole? _____

If yes, for how long and for what? _____

Signature: _____ Date: _____