

# **CLIENT DEMOGRAPHICS**

Name:			
DOB:		r:	
Social Security Nu	mber:	Email:	
Telephone Number	r: Cell	Home:	
Street Address:			
City, State, Zip Co	de:		
Probation Office: _		Probation Office	er:
Marital Status: Ne	ever Married	Married	
]	Divorced:	Widowed:	-
Employment Status	s: Employed	Unemployed	Disabled
	Full-time Stude	nt: Retired _	
Emergency Contact	t:	Ph	•
Armed Forces Vete	ran: Yes	No	
2405 Bemiss Road Valdosta, GA 31602			Phone 229-333-2351 Fax 229-333-2353

www.peacewaycms.com



### CAGE ASSESSMENT

- 1. Have you felt the need to Cut Down on your drinking?
- 2. Do you feel Annoyed by people complaining about your drinking?
- 3. Do you feel Guilty about your drinking?
- 4. Do you ever drink an Eye-Opener in the morning to relieve shakes?

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## **Drug Abuse Screening Test**



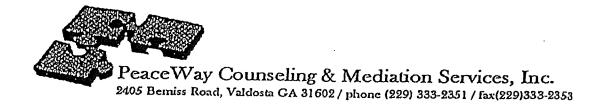
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		eace vv ay Counseling & Medialion Services, Inc 05 Bemiss Road, Valdosta GA 31602 / phone (229) 333-2351 / fax(229)333-
7. I	Do you eve	r feel bad or guilty about your drug use?
ב ב		
8. D	oes your s	pouse (or parents) ever complain about your involvement with drugs?
0 0		·
9. H	as drug ab	use created problems between you and your spouse or your parents?
0	Yes No	
10. Ha	ve you lost	friends because of your use of drugs?
. 0	Yes No	
11. Hav	e you negl	ected your family because of your use of drugs?
_ _	Yes No	
12. Have	e you been	in trouble at work because of your use of drugs?
0	Yes No	-
13. Have	you lost a	job because of drug abuse?
0	Yes No	
14. Have	you gotten	into fights when under the influence of drugs?
0	Yes No	



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	•	
15. I	łave you c	ngaged in illegal activities in order to obtain drugs?
Ε	Yes	
Ċ		
16. H	ave you b	cen arrested for possession of illegal drugs?
0	Yes	
	No.	
17. Ha dr	ive you evo	er experienced withdrawal symptoms (felt sick) when you stopped taking
0	Yes	
	No	
18. Hav	vulsions, b	medical problems as a result of your drug use (e.g., memory loss, hepatitis, leeding, etc.)?
0	Yes	
	No	
19. Have	e you gone	to anyone for help for a drug problem?
0	Yes	
	No	
20. Have	you been	involved in a treatment program especially related to drug use?
	Yes	•
	No	



	Michigan Alcohol Assessment Test
<ol> <li>Do you fe people)?</li> </ol>	el you are a normal drinker? ("normal"-drink as much or less than most other
0	Yes No
2. Have you e could not r	ever awakened the morning after some drinking the night before and found that you cmember a part of the evening?
_ _	Yes No
3. Does any ne	ar relative or close friend ever worry or complain about your drinking?
<u> </u>	Yes No
4. Can you stop	drinking without difficulty after one or two drinks?
0	Yes No
5. Do you ever f	cel guilty about your drinking?
<u> </u>	Yes No
6. Have you ever	attended a meeting of Alcoholics Anonymous (AA)?
	Yes No
7. Have you ever	gotten into physical fights when drinking?
	'es Io

8. Has drin	nking ever crea	ted problems between you and a near relative or close friend?
0		
9. Has any i	family member	or close friend gone to anyone for help about your drinking?
	Yes No	•
10. Have you	ever lost friend	s because of your drinking?
	Yes No	
11. Have you c	ver gotten into	trouble at work because of drinking?
<u> </u>	Yes No	
12. Have you ev	ver lost a job bo	ecause of drinking?
	Yes No	
	er neglected yo nuse you were (	ur obligations, your family, or your work for two or more days drinking?
0	Ycs No	
14. Do you drink	before noon fa	nirly often?
	Yes No	
15. Have you ever	been told you	have liver trouble such as cirrhosis?
	Yes No	
16. After heavy dr or auditory (he	inking have yo aring) halluci	ou ever had delirium tremors (D.T.'s), severe shaking, visual nations?
	les No	

17. Have yo	u ever gone	to anyone for help about your drinking?
0		
18. Have you	ever been l	nospitalized because of drinking?
0	Yes No	
19. Has your	drinking ev	er resulted in being hospitalized in a psychiatric ward?
0	Yes No	
20. Have you e help with a	ever gone to ny emotion:	any doctor, social worker, clergyman or mental health clinic for all problem in which drinking was part of the problem?
<u> </u>	Yes No	;
21. Have you be	een arrested	more than once for driving under the influence of alcohol?
<u> </u>	Yes No	
22. Have you even drinking?	er been arre	ested, even for a few hours, because of other behavior while
	Yes No	