

CLIENT'S NAME _____

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SUBSTANCE USE HISTORY

How often do you drink alcohol? _____ Average # of drinks in one sitting? _____ Maximum in one sitting? _____

How often do you use non-prescription or street drugs? _____ What drugs have you used? _____

How much do you use at one sitting? _____ Maximum you have used at one time? _____

How often are you 'high', 'buzzed', intoxicated? _____ If you are in recovery, since when? _____

Do you smoke cigarettes, cigars or a pipe, or chew tobacco? yes no

If yes, how much in one day? _____

Do you drink coffee, caffeinated teas or sodas? yes no

If yes, how much in one day? _____

Is there any family history of substance abuse? yes no

Have you ever been in a relationship with someone who had an alcohol or drug problem? yes no

Do you ever worry that you have a drug or alcohol problem? yes no

Has anyone ever complained or been worried that you have a drug or alcohol problem? yes no

Have you ever misused prescription medications? yes no

Have you ever been treated for an alcohol or drug problem, gone to AA/NA, or tried to stop on your own? yes no

Have you ever used alcohol or drugs to get going in the morning or while on the job? yes no

Have you ever had hangovers, been late for or missed work, forgot portions of the night before, or suffered other negative consequences after using drugs or alcohol? yes no

Have you ever received a DUI, DWI or been stopped by the police for an alcohol or drug related inquiry? yes no

Have you ever used intravenous drugs? (used a syringe to shoot drugs into yourself) yes no

SEXUAL HISTORY

Are you currently sexually active? yes no

Have you had sex without a condom in the last 7 years? yes no

Have you ever received an HIV test? yes no

Who do you find yourself most attracted to? males _____ females _____ both _____

Are you able to achieve orgasm? yes no

Are you satisfied with your sex life? yes no

Do you experience pain during sex? yes no

Is there conflict with your partner about your sex life? yes no

Do you engage in internet sex? yes no

Has internet sex or pornography caused any problems in your life? yes no

SIGNATURE _____ DATE _____