



El Dorado
Community
Health Centers

CLIENT AOD HISTORY DISCLOSURE

Client Name: _____

Client #: _____

<p>✓ box if occurred within last 12 months ✓ all that apply below</p>	Substance (DOC)	NOTES
<input type="checkbox"/> 1. I have often taken larger amounts or over a longer period of time than I intended.		
<input type="checkbox"/> 2. I have a persistent desire or unsuccessful efforts to cut down or control use.		
<input type="checkbox"/> 3. I spend/spent a great deal of time in activities necessary to obtain the drug, use of the drug, or recover from its effects.		
<input type="checkbox"/> 4. I have cravings or a strong desire to use.		
<input type="checkbox"/> 5. I have failed to fulfill major role obligations at work, school, or home because of my substance use.		
<input type="checkbox"/> 6. I continued use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of drugs		
<input type="checkbox"/> 7. I have given up or reduced attending important social, occupational or recreational activities because of substance use.		
<input type="checkbox"/> 8. I have used in situations in which it is physically hazardous.		
<input type="checkbox"/> 9. I have continued to use despite knowledge of having persistent or recurrent physical or psychological problems that are likely to have been caused or exacerbated by my use.		
<input type="checkbox"/> 10. I have developed a tolerance, defined by either of the following: (a) a need for markedly increased amounts of substance to achieve intoxication or desired effect. (b) markedly diminished effect with continued use of the same amount of a substance.		
<input type="checkbox"/> 11. I have symptoms of withdrawal, defined by either of the following: (a) the characteristic withdrawal syndrome (b) the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms		

Severity: Mild 2-3, Moderate 4-5, Severe 6+

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Physician's Signature: _____ Date: _____