

## HEALTH CARE AGENCY DRUG COURT EVALUATION

| Identifying Information   |      |           |              |                            |            |                           |            |
|---|------|-----------|--------------|----------------------------|------------|---------------------------|------------|
| Date:   |      |           | Assessed by: |                            |            |                           |            |
| Last:   |      |           | First:       |                            | MI:        | DOB:                      |            |
| Street Address:   |      |           |              |                            | Phone #:   |                           |            |
| City & Zip:   |      |           |              |                            | Ethnicity: |                           |            |
| Drug History  |      |           |              |                            |            |                           |            |
|   | DRUG | FREQUENCY | DOSE         | RUN                        | ROUTE      | AGE @ 1 <sup>ST</sup> USE | YRS OF USE |
| 1   |      |           |              |                            |            |                           |            |
| 2   |      |           |              |                            |            |                           |            |
| 3   |      |           |              |                            |            |                           |            |
| OTHER   |      |           |              |                            |            |                           |            |
| Longest period of sobriety:                                     |      |           |              | When:                      |            |                           |            |
| Methods used to maintain sobriety:                              |      |           |              |                            |            |                           |            |
| 12-Step meeting experience:                                     |      |           |              |                            |            |                           |            |
| Treatment programs:   |      |           |              | Residential:               |            |                           |            |
| History of methadone or other meds:                             |      |           |              |                            |            |                           |            |
| Bio-Psychosocial Factors  |      |           |              |                            |            |                           |            |
| Current support system:   |      |           |              |                            |            |                           |            |
| Who is in the home:   |      |           |              |                            |            |                           |            |
| Children (how many & ages):                                     |      |           |              | Who has custody:           |            |                           |            |
| Mental illness history:   |      |           |              |                            |            |                           |            |
| Past or current psychotropic meds:                              |      |           |              |                            |            |                           |            |
| Hospitalizations:   |      |           |              |                            |            |                           |            |
| Suicidal Ideation (past/current):                               |      |           |              |                            |            |                           |            |
| Orientation (time, person, place):                              |      |           |              |                            |            |                           |            |
| Chronic medical conditions:                                     |      |           |              |                            |            |                           |            |
| Medication required & type:                                     |      |           |              |                            |            |                           |            |
| Employment  |      |           |              |                            |            |                           |            |
| Current employment:   |      |           |              | Employment specialties:    |            |                           |            |
| Past employment:  |      |           |              |                            |            |                           |            |
| Longest period of employment:                                   |      |           |              |                            |            |                           |            |
| Government aid (SSI, SSDI, Medi-Cal, Welfare, AFDC, Cal-works): |      |           |              |                            |            |                           |            |
| Factors preventing employment:                                  |      |           |              |                            |            |                           |            |
| Level of education:   |      |           |              | Factors preventing school: |            |                           |            |

