

FAMILY ADDENDUM TO BIOPSYCHOSOCIAL

To assist our staff in the treatment of your family member, please fill out the questionnaire to the best of your ability.

Patient name: _____

Information provided by: _____

Contact information: Hm _____ Cell _____ Other _____

Relationship to patient: _____

Do you plan on attending family week? Yes – No – Not sure

Please elaborate on the following:

1. Please list all known substances including alcohol used.

2. When did he/she begin using/drinking? _____

3. How often are they currently using/drinking?

4. How has the patient's mental health been affected? (Please list any past or current diagnosis) _____

5. How has the patient's physical health been affected? (List health conditions we should be aware of)

6. Have there been suicide attempts or thoughts? If yes, please explain:

7. Any traumatic events we should know about? _____

8. How has the patient's education or career been affected? (Is the patient still employed? Have they used on the job?) _____

9. What is the patient's current living situation? _____

10. Describe the effects you have seen on the family relationships with the patient?

(Example: impacting communication, isolation, impact on children, strained relationships)

11. Is there a family history of drug/alcohol addiction? (If so, please note relation to the patient) _____

12. Is it a safe, sober and supportive environment if returning home after treatment? _____

13. Is the family supportive of sober living placement if recommended after treatment? _____

14. What does their social life consist of? (Example: Describe patient's interpersonal skills, relationships, involvement in groups or activities) _____

15. Describe their spiritual life and if it's been affected? _____

16. What has been the financial impact of his/her drug/alcohol use? (Is the patient dependant on the family financially?) _____

17. Are there any legal consequences past or currently pending? (Please list arrests or charges such as DWI, theft, etc) _____

18. Is he/she on probation or parole? _____

19. Has the patient ever had prior treatment experience? (Please include facility, dates & time spent in treatment; Detoxifications or outpatient treatment) _____

20. Please list any periods of sobriety _____

21. What led him/her to seek treatment at this time? _____

22. What other family concerns would you like for us to be aware of during his/her treatment stay? _____
