

# Integrated Rehabilitation Center for Addicts

## Family History

### Socio-Demographic Information

Registration No:

Date of Registration:

1. Name:

2. Address:

State:

District:

Taluk:

Home Phone:

Telephone:

3.

Sex	Age	Date of Birth	Religion	Community

Educational Qualification	
---------------------------	--

Occupation	Income	Marital Status

6. Living Arrangements:

Living with family	
Living with friends or distant relatives	
Lives alone	
On the street	

Name of Family Member/Specify	
-------------------------------	--

Name of Support Person	
Address - Accompanied the Person	
Telephone No of Support Person	

## 8. Referral:

Self		Recovered Addict	
Friends		Employer	
Family		Media	
Social Worker		Through awareness programme	
Physicians		Anyother	

## Family History-Details regarding parents and siblings

A. Father's      Age:      Occupation:      Income:  
Name:

B. Mother's      Age:      Occupation:      Income:  
Name:

In case of Parent's Death:

C. Reason for Death    Father:      Mother:

D. How old were you    Father's Death:      Mother's Death:  
at that time?

## E. About Siblings

Relationship	Age	Education	Occupation
--------------	-----	-----------	------------

## Childhood /adolescence(before the age of 15 years)

Behaviour Problems identified	Present
A- Running Away from home	
B- Prequent pysical fights and violence	
C- Destruction of others property	
D- Stealing	
E- Scholastic backwardness	
F- Experimenting with drugs/alcohol	
G- Gambling	
H- Any other	

Did you experience the following before the age of 15 years?

Situations	Present
A-Poverty/severe debts of parents	
B-Early parental loss	
C - Extra marital affairs of parents	
D - Broken home/single parenting	
E - Violence	
F - Sexuality abused by others	
G - None	
H- Any other	

# Marital History

## A. Details regarding spouse

Name	
Age	
religion	
Education	
Occupation/td>	
Income	

Other details about spouse (history of addiction in her family. Her addiction history if any, any other significant event in her life and attitude towards addiction)

B . Number of years of marriage :	
C . Is this marriage arranged by choice ? if by choice, accepted by family (present status)	
D . Details regarding preveious or subsequent marriages if any	
E . Have you been separated from your spouse due to your addiction? If yes, period of longest separation	
F . Is Patient suspicious of wife ?	
G . Any instance of family violence ? If yes, give details	
a . Physical violence directed towards family members	
b . Verbally abusive	
c . Violent incidents with neighbours and outsiders	
d . Breaking articles at home	
H . Details regarding No. of children	

Health Status of Family

Has there been anyone in your family who has suffered from any of these problems?

Problems	Relationship (Parents/Siblings/Wife/Children)			
	Yes	Relationship	No	Don't know
Major Depression				
Suicide/Attempted Suicide				
Psychiatric Illness				
Alcohol Dependence				
Drug Dependence				

Adjustment patterns

Relationship with family members	Parents	Siblings	Spouse	Children
No family(Dead)				
Disowned by family/mutual rejection				
Mixed of indifferent feelings				
Usually friendly minor conflicts				

Prior Treatment for Addiction:

Year	place	period	sobriety	Reason for sobriety	Reason for relapse

# Occupational History

At what age did you start working?	
How long have you been working?	
Have you recieved any special award,recognition,merit certificates or promotions in the past?	
Did you change your job frequently due to addiction?	
Did you have any periods of unemployment?	
If yes for how long	

Absentism	Yes
Warning/ Memos	
Suspension Order	
Dismissal Order	
Transfer Order	
Accidents on the job	
Attend work under the influence of alcohol /drugs	
Unauthorised absent	
If yes for how long	

## 19. Financial History

Details of the debts to be cleared	Amount
Money borrowed from family and friends	
Loans from banks	
Loans from place of work	
Money borrowed from money lenders	
Money for redeeming articles from pawn shops	
Outstanding debts at various shops None	

Financial damages as perceived by counsellor:

Mild:

Moderate:

Severe:



## 20. Legal History

Details of the debts to be cleared	Amount
Have you been arrested for sale of drug?	
Have you been arrested for possession of drug?	
If you got into trouble with law for the following	No. of times
Arrested for drunken/drug influenced behaviour	
Fined for drunken driving	
Had an accident (even minor) while driving under the influence of alcohol/drugs	
Assault	
Anyother	

## 21. Leisure time activities

Activities	Before Addiction	Last One Year
Playing games, Physical exercises		
Going to movies, dramas		
Watching TV / Video, listening to music		
Reading		
Visiting relatives / friends		
Other Hobbies / talents		

## 22. Leisure time activities

Are you a	yes	No
Believer		
Non Believer		
Indifferent		

Do you	Always	Sometimes	Never
Pray at home			
Visit Temple regularly			
Go on piligrimages			
Celebrate festivals			

## 23. Referral-medical as well as other referrals

Date and details of visits	
Action taken	
Referral to	
if referred name of organization	

## 24. Individual counselling Notes

Session No	Date	Issues Dealt with
1		
2		
3		

Session No	Date	Issues dealt with
4		
5		
6		
7		
8		

Session No	Date	Issues Dealt with
9		
10		
11		
12		

# Family Counselling Notes

Session No	Date	Issues Dealt with
1		
2		
3		
4		

Session No	Date	Issues Dealt with
5		
6		
7		
8		

## 26. Treatment Plan

Goals-Short Term And Long-Term	Specific Activities to be undertaken	Time frame
Abstaining from alcohol and drugs		
Getting back to a routine life		
Improvement in work life		
Managing finances		
Dealing with defects of character		
Improving relationship with family		
Involvement in health recreational activities		
Follow-Up measures		
Dealing with relapses if any		

## In case of drop or extension of stay

In case of Drop Out if yes date:	
Reasons for drop out (if yes please specify)	
Lack of motivation	
Lack of family support	
Poverty, hence not able to stay	
Legal problem	
Unable to cope with treatment	
Inadequate facilities	
Any other	
B. In case of extension,	
Reasons for extension	



MEDICAL FORM

Drinking/Drug History

Details of alcohol/drug abused

Drugs	Age of first use	Years of use	Years of excessive use	Specific type of drugs	Route of administration	Frequency of use in last 30 days	Quantity used in last 30 days	Past use if any
	13							
Heroin	13							
	13							
	13							
	13							
	13							
	13							

**Last drink/drug was taken  
days ago**

**Withdrawal Symptoms experienced with patient stopped  
drugs/Alcohol:**

Sweating	
Palpitation or feeling of one's own heartbeat with HR more than 100bpm	
Tremors	
Insomnia	
Fits	
Nausea	
Aches	
Anxiety	
Transient visual and tactile	
Auditory hallucinations or illusions	

**History of other medical problems in the past:**

Haematemesis	
Jaundice	
Head Injury	
Seizure	
Abscesses	
Bleeding piles	
Skin Problems	
Nerve	
Any	
None	

**History of other medical problems in the present:**

Haematemesis	
Jaundice	
Head Injury	
Seizure	
Abscesses	
Bleeding piles	
Skin Problems	
Nerve	
Any	

Others:

## Chronic Health Problems:

Diabetes	
Liver disorders	
Epilepsy	
Cardiac problems	
Infections	
Pulmonary TB	
Chronic bronchitis	
Chronic Asthma	

## Other Psychiatric complications(Past):

Seizure during withdrawal	
Depression	
Suicidal ideation/ attemps	
Confusion	
Aggressive outbursts	

Hallucination	
Paranoia	
None	

## Other Psychiatric complications(Present):

Seizure during withdrawal	
Depression	
Suicidal ideation/ attempts	
Confusion	
Aggressive outbursts	
Hallucination	
Paranoia	

**History of previous head injuries:**

**Family history of alcoholism /drug abuse/psychiatric illness:**

**If any specify(who and which type of drug):**

**If any psychiatric illness in family(mention who):**