

## SECTION 5 – TREATMENT HISTORY

1. Have you ever joined or successfully completed a substance abuse, counseling or treatment program?  
(Select "Yes" or "No") YES ☐ NO ☐

If "Yes," please list the program, date, location, attendance rate and treatment outcome. Attach verification of your completion.

Program Type (Detoxification, Residential/In-patient, Intensive Outpatient, Outpatient (Individual or Group), Education, Driver Safety Intervention Course)	Date Started	Date Ended	Name of Program, Therapist, Group Leader and Location	Treatment Outcome
Weekend Educational	9/19/2008	9/21/2008	A.R.M	Completed
Decision Based Driving	12/20/2012	12/20/2012	Class A Training Center	Completed

2. Have you ever participated in a medication-assisted treatment program (Methadone, Antabuse, Buprenorphine or Campral)? (Select "Yes" or "No") YES ☐ NO ☒

If "Yes," please list the medication and the treatment dates.

Medication	Date Started	Date Ended

3. Have you ever tried abstinence as a means of controlling your alcohol or controlled substance use?  
(Select "Yes" or "No") YES ☒ NO ☐

If "Yes," please list when and for how long you maintained complete and total abstinence.

From	To
9/09/2008	10/21/2009
1/1/2011	10/22/2011
1/1/2012	Present

4. Have you ever abstained from alcohol or controlled substances while incarcerated, on probation or on parole?  
(Select "Yes" or "No") YES ☐ NO ☒

If "Yes," please list when and for how long you maintained complete and total abstinence.

From	To

5. Have you ever used alcohol or controlled substances after attempting to abstain from them?  
(Select "Yes" or "No") YES ☐ NO ☒

If "Yes," please list when and for how long you maintained complete and total abstinence.

From	To