**Client History Form**

Client Name (MIS)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Status: Recovery Relapse

Previous Drug Treatment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Psychological Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

i) Single ii) Married Since\_\_\_\_\_\_\_\_iii) Separate Since\_\_\_\_\_iv) Divorced Since\_\_\_\_ v) Widowed Since\_\_\_\_\_\_\_\_\_\_

Currently Living: i) With Family ii) On Street Since:\_\_\_\_\_\_\_\_\_\_\_\_\_iii)other Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Siblings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of Spouse\_\_\_\_\_\_\_\_Number of kids\_\_\_\_\_\_\_\_\_\_\_

Family Drug Abuse History\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Selling History (Perosonal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Selling History (Family) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Contact Detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disclosure: i) No ii) Yes (With Whom) \_\_\_\_\_\_\_\_\_

Social Support Package receiving: NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes Since\_\_\_\_\_\_\_\_\_\_Expected From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Belongings clothes shoes ARV, s

Profession\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Functional Since\_\_\_\_\_\_\_\_\_\_ Unemployed since\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Support: Not Present Present

Any family event during next two months: i) No ii) Yes \_\_\_\_\_\_\_\_\_

Any legal case during next two months: i) No ii) Yes \_\_\_\_\_\_\_\_\_\_\_

Recent CD4 Count: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wife VCCT: i) No ii) Yes (Status) \_\_\_\_\_\_\_\_\_

KIDS VCCT: i) No ii) Yes (Status) \_\_\_\_\_\_\_\_\_

Weather Conditions Briefed

Program Orientation Given

**Person Responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**