

CENTER FOR COUNSELING SUBSTANCE ABUSE EDUCATION

Clinician	Starting Date	Today's Date
Probation Officer Phone Fax	Case Number	Faxed Date

Name _____

Home Phone _____ Alternate Phone _____

Address _____ City _____ Zip _____

Age _____ Date of Birth _____ Sex Male Female

Social Security Number _____

Drivers License Number _____

Emergency Contact _____ Phone _____

Referred by (court number) _____

Previous therapy elsewhere? yes no Where? _____

Please have your \$55 evaluation fee.