

## CENTER FOR COUNSELING SUBSTANCE ABUSE EDUCATION

|   |               |              |
|---|---------------|--------------|
| Clinician                                 | Starting Date | Today's Date |
| Probation Officer<br><br>Phone<br><br>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.