



Addiction-Relief

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PATIENT: SOCIAL/FAMILY HISTORY

(To be completed by patient)

Patient Name _____

(Circle one) Married Single Long-term relationship Divorced/Separated

Years married/ in long-term relationship _____ Times Married _____ Times Divorced _____

Children? () N () Y Current ages (list) _____

Residing with you? () N () Y If no, where? _____

Where are you currently living? _____

Do you have family nearby? () N (Please describe) _____

Education (check most recent degree):

() Graduate school () College () Professional or Vocational School

() High School Grade _____

Are you currently employed? () N Where (if "no," where were you last employed?) _____

What type of work do/did you do? _____ How long have/did you work (ed) there? _____

Have you ever been arrested or convicted? () N

() DWI () Drug-related () Domestic violence () Other

Have you ever been abused? () N

() Physically () Sexually (including rape or attempted rape) () Verbally () Emotionally

Have you ever attended:

AA () Current () Past NA () Current () Past CA () Current () Past

ACOA () Current () Past OA () Current () Past

If you are not currently attending meetings, what factors led you to stop? _____

Have you ever been in counseling or therapy? () N (Please describe) _____