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# BBM TREATMENT QUESTIONNAIRE

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Pre-Evaluation



**BLESSED BUILDERS MINISTRY**

2700 STATE STREET STE F-6 BISMARCK ND 58503 Phone:

701-751-0318 Fax: 701-751-2354

Text Line: 701-660-0767

**Personal Information**

Name:

DOB:

Social Security #:

Address:

Phone:

Email:

Highest Level of Education:

**Substance Abuse History**

1<sup>st</sup> Drug of Choice:

First usage (what age):

last usage (date):

2<sup>nd</sup> Drug of Choice:

First usage (what age):

Last usage (date):

3<sup>rd</sup> Drug of Choice:

First usage (What age):

Last usage (date):

Are you Currently using: YES or NO

If yes, what substance or substances:

Allergies: YES or NO

If yes, to what:

Current Medications:

Mental Health Diagnosis or Concerns:

Physical Health Diagnosis or Concerns:

**Criminal History**

Are you currently on Parole or Probation? YES or NO

If yes, who is your probation officer?

Do you have pending Legal issues requiring treatment? YES or NO

If yes, what legal issues?

**Family**

Do you have any children? YES or NO

If yes, how many?

If yes, who do your children live with?

Do you have a family or friend support system (non-using family and friends)?

**Goals, Strengths, & Weaknesses**

What are your short-term goals?

What are your long-term goals?

What are your strengths?

What are your weaknesses?

**Health Care Coverage**

Do you have health care coverage? YES or NO or UNSURE

If yes, what insurance or Insurances?

1<sup>st</sup> Policy name:

2<sup>nd</sup> Policy name:

1<sup>st</sup> Policy number:

2<sup>nd</sup> Policy number:

**Signature:**

**Date:**