Please use factual information in your discussion of these questions. Use names, ages, dates, occupations, etc. This is an exercise to start you thinking about these family relationships. (If there have been deaths in your family, include that information as well.) There is additional space on the third page of this form if you need it.

[Please provide the following information for parents both living and deceased.]

1. Who are your parents? Please give names, ages, occupations and other information. Describe your relationship with each other.

Mother:______________________________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________

Father:______________________________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________

2. Do you have any brothers or sisters? List name, ages, and describe your relationship with each of them. Please begin with the eldest.
______________________________________________
______________________________________________
______________________________________________
______________________________________________
______________________________________________
3. Do you have any children? List names, ages, and what is going on in their lives right now? How do you get along with each of them?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Describe your spouse, significant other, or partner (include past as well as present).
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Describe other people who are important to you.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Describe your work or vocation:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. What are your spare time activities?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. What important events have taken place in your life during the past year or two? List marriages, divorces, births, important job changes, geographical moves, financial matters, etc.:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
9. How would you describe your own state of mind right now? For example: are you feelings hopeful? Worried? Frustrated? Relieved? Are you enjoying life now? Please use your own words to describe your present thoughts and feelings: ____________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

10. What do you hope to gain from participating in the Family Program?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

11. Do you have concerns about your “loved one’s” use of opiates or pain medications? Yes ☐ No ☐

12. Space for extra notes: ________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

PARTICIPANT SIGNATURE: ___________________________ DATE: __________

STAFF SIGNATURE: ________________________________ DATE: __________

Hazelden offers chemical dependency assessment and recommendations through its Clinical Case Managers and through its residential assessment program. If you have concerns about your own chemical use, you may request an assessment, for which there is an extra charge.

If you would like more information on either chemical dependency or mental health assessment services, please speak to a Family Program counselor.