

Steele Recovery

Addiction Counseling

(Drugs and Alcohol)

Registration and Questionnaire

**This service is for women who prefer a non-traditional, personalized approach to individual recovery in a private setting with Certified Counselor finding root causes that stem from addiction.*

Client Information:

Name: _____

Address _____

City: _____ State: _____ Zip Code: _____ Age: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Marital Status: Married _____ Single _____ Divorced _____ Separated _____

Military: Y _____ N _____ Branch _____

Enlisted Year _____ Discharge Year _____ MOS _____ Veteran: Y _____ N _____

Where did you hear about Steele Recovery?

Honesty is key

It is not the drugs that's the problem, it's why you use them that is. As we partner in this journey, a list of questions has been compiled to help explore clues to problems and challenges in and out of your addiction by revealing root causes. Honesty is key for you so, as you ponder each question, pause, then provide your answer. We are as sick as our secrets and truthfulness is the antidote. There is no judgement or negative thought toward you with the answers you give. You are safe here. Take a risk. Discover your true self as you enter a spiritual life of freedom that leaves you happy joyous and free.

INTAKE QUESTIONNAIRE

~In a few words, say the reason you're seeking counseling? What specifically do you want to change?

~What do you use? Drug and/or Alcohol of choice?

~How much do you drink and/or use?

~When is the last time you used?

~When is the last time you drank alcohol?

~Do you black out?

~How many years have you been using addictively?

~How many years have you been drinking alcoholically?

~What age did you start using?

~Do you avoid feelings? Are you ashamed of them?

~Do you take on other people's problems and neglect your own?

~What behaviors do you identify as a problem for you?

~ Do you sometimes take pain pills as a way to cope and find relief?

~What age did you start drinking?

~How many years have you been using all together?

~Do you crave or obsess drugs certain times of day?

~How much do you use a day, week and month? Remember, be honest

Day:

Week:

Month:

~What is the hardest day of the week for you NOT to relapse?

~What is the hardest times of the day for you NOT to relapse?

~What is your thought process is at those times?

~What is your best justified and rational thoughts about your drug use?

~What do you currently identify as “triggers that lead to drinking and/or using?”

~If in the work force, has your efficiency or performance at work or home life decreased?

~How much time from work do you lose due to using or drinking?

~Have you ever been written up as a result of drinking and/or using?

~How close are you to being fired?

~What behavior patterns have you noticed that concern you?

~Do you find yourself feeling guilty? About what?

~What are your current fears?

~What do you find yourself lying about either directly, by omission or avoidance?

~Do you deny it when you're angry and call it "upset?"

~What makes you angry?

~What does your anger look like?

~Do you cut yourself or self-destruct in other ways?

~Is it hard for you to express your anger constructively and verbally? If so, what are you afraid of if you do?

~What do you obsess on?

~Is drug or alcohol use making your home life unhappy? How?

~Is your drug use effecting your reputation? How?

~How much money do you spend a day on alcohol and drugs?

~How much money do you spend a week on alcohol and drugs?

~How much money do you spend a month on alcohol and drugs?

~How much money do you spend a year on drugs?

~How much money do you spend on alcohol in a year?

~Do you shop and over spend money you don't have? How much do you spend a week, a month, a year?

- ~Do you gamble? If so, how much money do you spend on gambling a week, a month, a year?
- ~How much do you think you lie? Either directly, omission or avoidance? What do you lie about?
- ~If you have children, what do they say about your drug and alcohol use when you're high?
- ~Are they frightened for your life? What do they say? Do you let them?
- ~Which child is *angry* at you, which one *defends* you and which one *avoids* the subject? How old are they?
- ~What fears and remorse do you feel (if any) after coming down or sobering up? Please explain
- ~How has your alcohol and drug use made you careless of yourself and/or your family's welfare? How?
- ~Do you isolate or withdraw from others or are aggressive and act out when you have problems?
- ~Do you over analyze situations and other people by questioning motives?
- ~Are you overly sensitive to criticism? How so?
- ~Can do you identify any "triggers" that lead to drinking, using and self-destructive behavior?
- ~Has your efficiency or performance at work or home life decreased?
- ~How much time from work do you lose when obsessing on others or your relationship?
- ~Growing up, were you raised by either parents, a single mother or father? How was your home?
- ~How was/is your relationship with your mother then and now?
- ~How was/is your relationship with your father then and now?

~Was there violence in the home? Verbal, emotional, sexual, or physical?

~Describe your relationship history?

~When entering into a relationship, what characteristic do you find yourself attracted to?

~When in relationships, what is the reason you break up? Does it tend to be off and on?

~On a scale of 1- 5, 5 being the most, how much do you need to control?

****Abuse is categorized as *Verbal, Emotional, Mental, Sexual, Physical, Spiritual, Economic and Psychological.***

~How many times have you been in an abusive relationship in your life? If so, what made you stay?

~What made you leave?

~Are you currently in a relationship now or recent break up? In your own words, will you describe it?

~What is your greatest fear when in a relationship?

~Do you drink and use with your partner?

~ Do you hide your addiction from him or is he complicit and enables you?

~Do you have a fear of abandonment or rejection? Describe it?

~Is it hard for you to let go?

~What kind of men are you attracted to? How does it make you feel?

~Who is your man most like? Your mother or your father?

- ~Have you experienced violence as a result of drugs or alcohol from another and stayed? If so, explain**
- ~Does addiction or alcoholism run in your family? If so, who?**
- ~What is the one thing that scares you the most? Why?**
- ~Do you have migraines, stomach problems or other health problems?**
- ~Are you a workaholic, an overachiever or motivation challenged? Explain**
- ~Do you need to be perfect?**
- ~What happens when you don't do something perfect or you are not perfect?**
- ~When afraid, which describes you best: Fight, Flight or Freeze?**
- ~Do you hold grudges or forgive too easy? Please give an example**
- ~Who do you talk to about your problems? Do you currently have someone you trust?**
- ~ Do you normally blame others for the way you feel or do you take the blame onto yourself?**
- ~Is someone you love addicted to alcohol or drugs? If so, how are you affected?**
- ~In what ways do you use to escape your problems?**
- ~Do you get high alone? If so, do you prefer it?**
- ~Have you ever been to detox or Substance use treatment? If so, where and when? Did you complete?**

~What is your longest period of clean time?

~How did you do it?

~What can you point to that worked in keeping you clean?

~If you have entered treatment in the past, what are the reasons you relapsed?

~Do you believe you're an Alcoholic?

~Do you believe you're an Addict?

~Have you ever been to AA/NA or the 12 step program?

~Are you open to 12 step principles and concept?

~Are you open to attending meetings for ongoing recovery results?

~What are you willing to do?

~What are you NOT willing to do?

~At what times do you normally run away and avoid people who love you?

~Do you believe in a Higher Power or God?

~Are you open to obtaining a spiritual (not religious) connection as a vital path to your healing process?

~Are you comfortable with Christian concepts and godly principles as a base for recovery?

I have stated these answers to the best of my ability. I'm willing to embark on this journey with Nadine Steele as my Addiction Counselor and will work together with her in discovering root causes to the areas of my life that keep me in my addiction. This is a confidential service and although this process will be difficult at times I understand I am not required to do anything I don't want to do but I will take the necessary steps with guidance from my Counselor to find freedom, spirituality and breakthrough from addiction.

Client Print: _____

Client Signature: _____

Date: _____

Counselor Signature: _____

Date: _____

I UNDERSTAND THAT NADINE STEELE IS A MANDATED REPORTER AND ANY INFORMATION DISCLOSED IN SESSION SHALL BE SUBJECT TO REPORTING UNDER PENAL CODE 273D AND CHILD ABUSE LAWS IN THE STATE OF CALIFORNIA.

Steele Recovery is owned and operated by Nadine Steele, CADC-II, NCAC-I NCRC-II, Aii10110315, 016754. She is nationally accredited and certified with the state of California as and Drug and Alcohol Counselor and Recovery Coach. Nadine has over 20 years of experience in the field of addiction and recovery specializing in women in addiction. Steele Recovery is an alternative approach to conventional treatment for women seeking an organic spiritual experience in a private and confidential setting for women who are unable or unwilling to attend residential or outpatient treatment.

Nadine goes at YOUR own pace and with God as our guide we wait for the miracle to happen.

Welcome!