A close-up of a syringe

Description automatically generated with medium confidence

Breaking the links ministry

38 S. State St

Sparta, Mi 49345

PAST/CURRENT SUBSTANCE ABUSE HISTORY (Circle) Yes / No

Have you had past struggles with recreational or illegal substances? Y / N

Are you currently struggling with recreational or illegal substances? Y / N How long have you been struggling?

\_\_\_\_\_\_

Please answer:

What age did you start using substances; which substances and for how long have they been used?

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Do you know what your triggers are (Y / N)? If yes, what have you identified? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you developed a support system? (Y / N) Who are they and how are they supportive in your recovery?

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Have you been arrested for alcohol/drug related offenses? Y / N 7. Have you lost jobs? Y / N

PERSONAL GROWTH AREAS YOU WOULD LIKE TO WORK ON IMPROVING

\_\_\_ addiction \_\_\_anger control \_\_\_anxiety/fear \_\_\_child custody/structure \_\_\_ childrearing

\_\_\_church/ministry \_\_\_communication \_\_\_ co-parenting \_\_\_ depression \_\_\_ divorce/separation

\_\_\_family \_\_\_ God/faith \_\_\_ intimacy/sexual issues \_\_\_ grief/loss \_\_\_loneliness \_\_\_ marital struggles

\_\_\_parents \_\_\_ past wounds \_\_\_ pre-marital \_\_\_ self-esteem \_\_\_stress control \_\_\_ trauma \_\_\_work/career

What are your 3 most important goals for therapy?

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Have you ever experienced the following (check all that apply):

Abandonment \_\_\_ Addiction w/in the Family \_\_\_ Betrayal \_\_\_ Domestic Violence \_\_\_

Emotional abuse \_\_\_ Mental Illness w/in the Family \_\_\_ Neglect \_\_\_ Physical abuse \_\_\_

Sexual abuse/Sexual Assault \_\_\_ Spiritual/Church Abuse \_\_\_ Witnessed Abuse \_\_\_

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