

ALCOHOL AND DRUG USE

Client's Name _____

1. Has your client ever been treated for:

Alcohol abuse Yes No

Drug abuse Yes No

When? _____

Where treated? _____

Date of last use: _____

2. Is your client a member of AA, NA, or CA? Yes No

When joined? _____

How often attending? _____

3. Has your client taken ANTABUSE? Yes No

Is he taking it now? Yes No

4. Has your client ever been convicted of any driving offenses relating to drugs/alcohol?

Yes, please give details _____

No

5. Does your client have any medical problems, including liver disease or elevated enzymes related to alcohol/drug abuse?

Yes, please give details

No

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6. Before treatment how long your client had used:

Alcohol or drugs? _____

How frequently? _____

What drugs used and amount used? _____

Agents name:

Agents Tell #

Agent Fax #

Date Submitted:

Agents e-mail address:

PLEASE FAX TO BEST MARKETING USA AT 1-781 643-2775