

**CONFIDENTIAL FAMILY ASSESSMENT**

**Patient/Resident:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For purposes of formulating a family recovery plan, any information you can provide to us about the patient, patient's family, and close friends will be helpful throughout this process. The phrase "chemical dependency problem" is used to describe use of alcohol, illicit drugs, prescription as well as over the counter medications.

Please note: This information **may** be shared or reviewed with the patient.

1. What is your name and relationship to the patient? How long have you known him/her?

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2. To the best of your knowledge, what has the patient been using? (e.g., alcohol, prescription medications, methamphetamine, cocaine, heroin, marijuana, etc.) How long have you been concerned about the patient's chemical dependency problem?

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3. How has the patient's behavior, associated with his/her chemical dependency problem affected you and the family?

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4. To your knowledge has the patient ever received help for a chemical dependency problem, prior chemical dependency treatment, psychiatric hospitalizations or experience with 12- Step programs? If so, when and where?

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**Patient/Resident Assessment**  
**Hemet Valley Recovery Center & Sage Retreat**

Patient/ Resident Identification

5. The following lines have been provided for you to share with us the effects the patient's chemical dependency problem has had on these areas of his/her life, as well as yours. Some areas to think about are health, spirituality, sexuality, legal status, family life, work, and finances.

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Are you willing to participate in the ongoing Family Program on Thursday's from 6pm-9pm?  Yes  No If not, please explain:

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Are you willing to participate in the Intensive Family Program on Friday & Saturday?  Yes  NO If not, please explain:

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Which other family members would be willing to participate?

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### Family Contacts

Contact Name: _____	Relationship: _____
Phone # -Home: _____	Mobile: _____
Email: _____ @ _____	

Contact Name: _____	Relationship: _____
Phone # -Home: _____	Mobile: _____
Email: _____ @ _____	

"HEALING FAMILIES, ONE PATIENT AT A TIME"

**Steven Riness MSW; CADCI; ICADC**  
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