

*Sheryl M. Hakala, M.D., P.A.*

806 West De Leon St. Suite 203  
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(813) 503-7404



PRETREATMENT SCREENING

Name \_\_\_\_\_

Phone no. \_\_\_\_\_ Best time to contact \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex ( ) M ( ) F

Insurance co. \_\_\_\_\_ Insurance member # \_\_\_\_\_

Do you plan to submit a claim? ( ) Yes ( ) No

Reason for seeking treatment

Substance \_\_\_\_\_ How long using? \_\_\_\_\_

How much? \_\_\_\_\_ How often? \_\_\_\_\_

Has your drug use ever resulted in medical or legal problems? ( ) N \_\_\_\_\_

Have you ever been treated for substance dependence or misuse (eg, detoxification program)? ( ) N

(Please describe setting, length) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever tried to quit on your own? ( ) N (Please describe) \_\_\_\_\_

\_\_\_\_\_

Have you ever been treated by a psychiatrist? ( ) N(Please describe treatment reason, setting, and length)

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\_\_\_\_\_

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Does anyone in your family (mother, father, brother/sister, child, aunt/uncle or grandparent) have a history of substance abuse? ( ) N \_\_\_\_\_

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Do you have any medical conditions (diabetes, HIV+, epilepsy, STDs)? ( ) N \_\_\_\_\_

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Are you currently taking any medications to treat these conditions? ( ) N (List medication and dosage)

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Are you pregnant? ( ) N/A ( ) N ( ) Y ( ) Not Sure

Are there any current legal issues we should be aware of (probation, parole)? ( ) N \_\_\_\_\_

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Are you currently employed? ( ) N ( ) Y How many hours/week (avg.)? \_\_\_\_\_

Please describe your current living arrangements \_\_\_\_\_

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Other \_\_\_\_\_

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Patient Interviewer Signature Date: \_\_\_\_\_