



Personal History Assessment (PHA)

Name: _____

Gender: Male Female

1. Do you have any family history of substance abuse?	Alcohol	<input type="checkbox"/>
	Illegal Drugs	<input type="checkbox"/>
	Prescription Drugs	<input type="checkbox"/>
2. Do you have any personal history of substance abuse?	Alcohol	<input type="checkbox"/>
	Illegal Drugs	<input type="checkbox"/>
	Prescription Drugs	<input type="checkbox"/>
3. What is your age?		
4. Do you have any diagnosed psychological concerns, such as: <input type="checkbox"/> ADD <input type="checkbox"/> Bipolar <input type="checkbox"/> OCD <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Other: _____?		
5. Do you have a history of preadolescent sexual abuse?		<input type="checkbox"/>