

Denise O'Doherty LPC MSN LCDC
Licensed Professional Counselor
0-713-524-9525
Fax-713- 862-9121

www.RelationshipTherapistRN.com
3131 Eastside St., Ste.435
Houston, Texas 77098

Please complete and bring with you
when you come to have your SALCE Evaluation

Your Name: _____

Your Address: _____

Driver's License Number: _____

Social Security Number: _____

Date of Birth: _____

Cell Phone Number: _____ work: _____

Your Email: _____

Is this report going to your Attorney? yes___ no___ Probation officer? yes___ no___

Attorney/or Probation Officers Name: _____

Attorney/or Probation Officers Address: _____

Attorney/ or Probation Officers Phone Number: _____

Attorney/or Probation Officers Fax Number: _____

Attorney's/ or Probation Officers ***Email: _____

Court date (if you know it): _____

Date of this Current Arrest: _____

Why were you arrested? _____

What happened? _____

Prior alcohol/drug related or any other arrests

Arrest #1. When: _____

For What offense? _____

What type of treatment / rehab did you have at that time? Where?

Arrest # 2. When: _____

For What offense? _____

What type of treatment/ rehab did you have at that time? Where?

Arrest # 3. When: _____

For What offense? _____

What type of treatment / rehab did you have at that time? Where?

Do you feel alcohol or drug use has been problematic for you at any time in your life?

Explain: _____

How often do you drink? _____

On average, how many days a week do you drink? _____

On average, how many days a month do you drink? _____

When you drink, what's the maximum number of drinks you have had? _____

What's the average number of drinks you have when you drink? _____

How often do you use drugs (not prescribed by an MD) _____

What drugs have you used in the last year? _____

Are you aware that alcoholism and depression are hereditary? _____

Who in your family has had a problem with alcohol / drugs? _____

Is anyone in your family in a 12 step program? _____

How old were you when you first had a drink? _____

How old were you when you first used a recreational drug? _____

When in your life did you drink the most? _____

When in your life did you use recreational drug the most? _____

Where do you work? _____

What do you do? _____

How long have you been there? _____

If in School, where do you attend? _____

What is your highest level of education? _____

Who do you live with? _____

Do you have any children? _____

Do you have any health problems? _____

Have you ever been depressed? _____

When? _____

Are you on medication now for any physical / mental health issues? _____

Medications: _____

Do you presently attend individual, couples, family or group therapy? _____

Where? _____

Do you attend AA or any other 12 Step Meetings presently? _____

How Often? _____

Where? _____

Do you have a Sponsor? _____

Have you ever attended AA or any other 12 Step Program? _____

Current Significant Stressors: (other than this arrest)

1) _____

2) _____

3) _____

What do you do to manage your stress? _____

What do you do for exercise? _____

What do you do to relax? _____

Do you have any hobbies? _____

Do you belong to any social, professional, civic organizations? _____

I give my permission for Denise O'Doherty LPC, LMFT to release results of this SALCE EVALUATION and her summary, either directly, verbally, via fax, email or through the post office mail, to my attorney / probation officer.

Print Name: _____

Signature: _____

Date: _____

Identity verified with: TX. Driver's license ____ or Picture ID ____.

Thank you for completing these forms.

This information will help us during our interview.

Please bring these forms with you when you come in for your appointment along with a photo ID.

I look forward to seeing you then.

Denise O'Doherty