Denise O'Doherty LPC, MSN, RN
Licensed Professional Counselor
713-823-4001
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deniseod54@gmail.com

Please complete and return to Denise as part of your SALCE Evaluation

Your Name: _____

Your Address: _____

Driver's License Number: _____

Date of Birth: _____

Cell Phone Number: _____work: _____

Your email: _____

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

Attorney Name: _____

Address: _____

Office Number: _____

Fax Number: _____

***Email: _____

Probation Officer Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

***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? (ages) _____

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 post office mail, to my attorney and /or probation officer.

Print Name: _____

Signature: _____

Date: _____

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

Thank you for completing these forms.
Please return this form to Denise (email: deniseod54@gmail.com) as part of your SALCE evaluation. Also, please add a copy of your drivers license or photo ID.

Thank you