Complete this sample Client Record.

Age of client: ________________________________
Gender: ________________________________
Accommodation: ________________________________
Level of intoxication: ________________________________
Risk of harm to self, others: ________________________________
Drug use history: ________________________________
Medical/mental health issues: ________________________________
Social indications (include employment): ________________________________
Legal issues: ________________________________
Immediate needs: ________________________________
Psychological/emotional: ________________________________
Readiness to change: ________________________________
Client’s goal: ________________________________
Your recommended treatment plan: ________________________________