

# Atlanta Behavioral Care

Welcome to Atlanta Behavioral Care. Our goal is to provide you with the highest quality care and services. To reach this goal, we need your help. Please take time to fill out this questionnaire completely. Thank you.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female \_\_\_\_\_

1. Are you here for Suboxone/Subutex Treatment? Yes { } No { }

*If yes, please speak to the staff about financial  
Arrangements Before meeting with the doctor.*

2. Have you been hospitalized recently? Yes { } No { } Hospital Name: \_\_\_\_\_

3. What is the reason for your visit today? \_\_\_\_\_

4. Have you had any previous treatment for chemical dependency: Yes { } No { }

If yes, please explain: \_\_\_\_\_

5. Have you had previous treatment for emotional problems? Yes { } No { }

If yes, please explain: \_\_\_\_\_

6. Are you currently troubled by thoughts to harm yourself or others? Yes { } No { }

If yes, please explain: \_\_\_\_\_

7. Do you have any medical problems? Yes { } No { } If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

8. When was your last physical examination: \_\_\_\_\_ with Dr. \_\_\_\_\_

9. Please list all medications you are taking including over-the-counter medication: \_\_\_\_\_

\_\_\_\_\_

10. Do you have any allergies to medications? \_\_\_\_\_

11. Who referred you to this office? \_\_\_\_\_

12. Please give us any additional information you feel would helpful in your treatment with us to include family, social, work or legal problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Were you treated courteously when you made this appointment? \_\_\_\_\_

\_\_\_\_\_

If no, please explain: \_\_\_\_\_

14. Are there additional comments you would like to make? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of staff member registering this patient: \_\_\_\_\_