

STAPLEFORD CENTRE PERSONAL HISTORY FORM  
STRICTLY CONFIDENTIAL

Title: Mr/Ms/Mrs First Name:	D.O.B.
Family Name:	Nationality
Address:	NHS No.
	Contact Tel. Nos.
	(Tick the nos. which are OK to use)
Postcode:	Home:
Place of Birth:	Mobile:
	Work:
Living with: Alone      Parent(s)      Partner      Other	
Employment Current:	
Previous:	
Please list your highest educational qualifications:	

Person to notify in emergency:		
Relationship to you:		
Address:		
Tel Nos (Home):	Mobile:	Work:

Please give full details of your GP & Chemist:	
GP:	Chemist:
Address:	Address:
Postcode:	Postcode:
Tel no:	Tel no:
Fax no:	Fax no:

STAPLEFORD CENTRE PERSONAL HISTORY FORM  
STRICTLY CONFIDENTIAL

Type of Treatment Required. (Please tick boxes & add details if necessary)

	Maintenance on Methadone	Injectable:		Oral:
	Daily amount (if known)			
	Maintenance on Subutex, morphine or other opiate. Daily amount (if known).			
	Benzodiazapine maintenance/reduction			
	Rapid opiate detox as In-patient			
	Subutex Out-patient detox			
	Naltrexone Implant (please specify type)	6/52	3/12	6/12
	Alcohol treatment (Please give details of your alcohol consumption)			
	Other treatment (Please specify)			

List any Medication (Prescribed or otherwise) that you are currently taking			
	Medication	Daily Amount	Method of Use
1			
2			
3			
4			
5			
6			
7			
8			

Drug History

Drug	Age first tried	Give details of any heavy use e.g. 18 – 20 years 1.5 gm daily
Tobacco		
Alcohol		
Solvents		
Hallucinogens		
Ketamine		
Ecstasy		
Amphetamines		
Cocaine		
Heroin		
Other Opiates		
Crack		
Benzodiazepines		
Barbiturates		

STAPLEFORD CENTRE PERSONAL HISTORY FORM  
STRICTLY CONFIDENTIAL

Your Social History

Was there anything unusual about your early life?

Have any of your close family ever had any drug, alcohol, psychological or major social problems?

(For women only) Are you pregnant?

As well as any drug or alcohol problem, do you currently have any medical, psychological or social problems (accommodation, child welfare, violence, etc.)?

Have you had any of these problems in the past?

Previous Addiction Treatments

Type of Treatment	Clinic/Service	Approximate Dates

If you have ever been in prison (remand or sentence), please give the details and approximate dates.

If you have a Probation Officer and/or Solicitor, please give the name(s) and contact details.

All information that you provide will be kept strictly confidential. We do not release any information without your knowledge and consent. You may withhold consent, of course.