

Client Support System Interview

Your Name: _____

Relation to Client: _____

Client Name: _____

Client's Date of Birth: _____

Drivers License Number: _____

Please answer in complete sentences avoiding yes and no answers when possible.

1. What is your relationship to the above named person?
2. How long have you known him/her?
3. How often do have contact with him/her? (Daily, weekly, monthly etc)
4. How would you describe his/her alcohol use: (example drinks a lot, gets into fights etc)
5. Do you know him/her to ever have used drugs?
6. Is he/she still drinking/using drugs now?
7. Have you ever been concerned about his/her alcohol/drug use?
8. What life areas were affected by his/her Alcohol/drug use (and/or DUI arrest)?
9. Other information you feel is important?

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Your Signature_____
Date

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