

# Additional information regarding alcohol and/or drug abuse



Name \_\_\_\_\_ Icelandic ID no. \_\_\_\_\_

Have you been treated for alcohol abuse?

No  Yes, how many treatments? \_\_\_\_\_ When and where: \_\_\_\_\_

What kind of alcohol? \_\_\_\_\_

How much did you consume (per week)? \_\_\_\_\_ How long did you consume (years)? \_\_\_\_\_

Has your abuse had any long term affects on your work and/or family? \_\_\_\_\_

Has your alcohol abuse had any physical consequences on your organs (heart, kidney, liver, nervous system etc)?

No  Yes, describe: \_\_\_\_\_

Have you consumed alcohol after the last treatment ended?

No  Yes, describe: \_\_\_\_\_

Do you attend an AA meetings or other support groups on a regular basis?  Yes  No

Additional information: \_\_\_\_\_

Have you been treated for drug abuse?

No  Yes, how many treatments? \_\_\_\_\_ When and where: \_\_\_\_\_

What kind of drugs? \_\_\_\_\_

How much did you consume (per week)? \_\_\_\_\_ How long did you consume (years)? \_\_\_\_\_

Has your abuse had any long term affects on your work and/or family? \_\_\_\_\_

Has your drug abuse had any physical consequences on your organs (heart, kidney, liver, nervous system etc)?

No  Yes, describe: \_\_\_\_\_

Have you consumed any drugs after the last treatment ended?

No  Yes, describe: \_\_\_\_\_

Do you attend an AA meetings or other support groups on a regular basis?  Yes  No

Additional information: \_\_\_\_\_

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
Signature