



**SECOND CHANCES**  
ADDICTION RECOVERY CENTER

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# FAMILY DATA FORM

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Patient Name \_\_\_\_\_

Your Name \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Your open and honest response here will aid in evaluating and providing the best treatment possible to the client. Please be specific in your answers. The client will be confronted with this information to help him or her recognize their problems more realistically. Now that the client is sober, this may be the best chance for them to hear other perspectives.



Describe the emotional / mental changes you have noticed in the client's behavior.  
Please explain changes observed.

(Examples: unreasonable resentments, illogical or paranoid type thinking, ethical deterioration, persistent feelings of shame or worthlessness, persistent sadness or agitation, client seems numb emotionally, difficulty in concentration or making decisions, memory problems. IF CLIENT HAS PRESENTED SUICIDAL AND/OR HOMICIDAL THOUGHTS OR BEHAVIOR PLEASE ADD HERE.)

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What action are you willing to take if the addiction or behavior problems continue?

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Ultimately, what outcome do you desire in the life of the client through the treatment process? What changes need to be made in the client's lifestyle for this to be possible?

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What are your current feelings toward the client?

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How would you like your relationship with the client to be some day? What would need to be different for that to happen?

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What level of awareness into the problem / addiction do you believe the client has currently?

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Honestly, what do you think is the client's reasoning for seeking treatment?

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Do you believe that recovery is a possibility for the client?  
(If you are skeptical, please explain why.)

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Has the client previously attempted treatment?

(If so, please include date, places, and outcome of treatment. What was the client's attitude toward the treatment at the time? Do you have any comments about the experience you wish to include?)

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What is the client's attitude towards AA or other addiction recovery meetings?

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What is your attitude toward attending Al-Anon?

(Al-Anon is a mutual support group for family / friends who have had their lives affected by another person's addiction.)

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What is your attitude toward participating in family counseling at Second Chances?

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If you are interested in participating in family counseling or consultation or would like to receive any further information related to substance abuse and support groups available, please provide us with your contact information below.

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Please add any additional information below that you believe was not addressed previously or could add to the treatment process and understanding of the client.

Thank you for participating in the client's recovery journey.

Lined area for writing additional information.