



416 SE 5th Street, Delray Beach, FL 33483
Phone 877.659.4555 • Fax 561.272.9678
soberlivingoutpatient.com

Do I Really Have a Problem?

Everyone's journey is different. Some people recognize they are in trouble early. Some people have difficulty identifying if what is going on in their lives presently is really a problem.

Completing the assessment below will help you discover if treatment is necessary. Please answer the questions honestly either yes or no and keep tally of how many of each you have. **This only takes a minute.**

- | | | |
|-----|----|--|
| Yes | No | Do you feel that you are a normal drinker/drug user? By normal we mean that you drink or use drugs less than or as much as most people. |
| Yes | No | Do you think your significant other, spouse, or other relative ever worry or complain about your drinking or drug use? |
| Yes | No | Do you ever feel guilty about your drinking or drug use? |
| Yes | No | Do friends or relatives think you are a normal drinker or drug user? |
| Yes | No | Are you able to quit drinking or drugging whenever you want to? |
| Yes | No | Have you ever attended a meeting of AA or NA? |
| Yes | No | Has drinking or drug use ever created problems between you and your significant other, parents, relative? |
| Yes | No | Have you ever gotten in trouble at work because of your drinking or drug use? |
| Yes | No | Have you ever neglected you obligations, your family or your work for two or more days in a row because you were drinking and using drugs? |
| Yes | No | Have you ever been in treatment or a detox because of drinking or drug use? |
| Yes | No | Have you ever been arrested for driving under the influence of alcoholic beverages? |
| Yes | No | Have you ever been arrested because of other behaviors involving drugs or alcohol? |
| Yes | No | Have you ever gone to anyone for help because of drinking or drug use? |
| Yes | No | Have you ever felt the need to cut down on your drinking or drug use? |
| Yes | No | Do you ever feel annoyed by people complaining about your drinking or drug use? |

Answering yes to 5 or more questions suggests that drinking or using drugs has become a problem in your life. Your using is consistent with most definitions of drug addiction and alcoholism. While you may be feeling discouraged at this point, please know that it is extremely important that you were honest with yourself and your responses. **That is the first step towards your recovery process.**

We suggest you give us a call and find out more about how we can help you. We aren't going to pressure you into coming in, and if we are not a match for your needs, we can help you find a place that is.



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Insurance Verification

<hr/>		
Name of person completing request	Phone (XXX) XXX-XXXX	
<hr/>		
Email	Relationship	
<hr/>		
Name of potential patient	Date of birth XX/XX/XXX	
<hr/>		
Phone number	Address	
<hr/>		
City	State	Zip
<hr/>		
What type of care are you looking for?		
<hr/>		
Do you have medical insurance?	Yes	No
<hr/>		Insurance provider
<hr/>		Relationship to patient
<hr/>		Member ID
<hr/>		Substance Abuse or Mental Health Phone Number
<hr/>		
Health insurance phone number <i>(located on back of card)</i>		
<hr/>		
Have you previously had treatment for drugs/alcohol?	Yes	No

If yes, where and when?

Thank you! Please send completed form to stefanie@soberlivingoutpatient.com or davidk@soberlivingoutpatient.com or you can fax it to our office at **561.272.9678**. We will be in contact with you shortly!