

NEW CLIENT QUESTIONNAIRE

Please answer the following questions to give us some basic details about your current state.

Name:	Age:
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How did you hear about us?

Marital Status:	Children:
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Medications:

Medical conditions or concerns:

Methods for sobriety attempted in the past:

Employment status:

Religious background:





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ADDICTIVE SUBSTANCE AND BEHAVIOR HISTORY

Please provide some brief details on all areas of addictive behaviour.

TOBACCO / NICOTINE	Years:
Circle one: Don't use / Use casually / Use excessively	
Comments:	

DRUGS (ANY AND ALL)	Years:
Circle one: Don't use / Use casually / Use excessively	
Comments:	

ALCOHOL	Years:
Circle one: Don't use / Use casually / Use excessively	
Comments:	

GAMBLING	Years:
Circle one: Don't use / Use casually / Use excessively	
Comments:	



info@addictionreality.com



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SUGAR / JUNK FOOD	Years:
Circle one: Don't use / Use casually / Use excessively	
Comments:	

EXERCISE	Years:
Circle one: Don't use / Use casually / Use excessively	
Comments:	

SHOPPING	Years:
Circle one: Don't use / Use casually / Use excessively	
Comments:	

VIDEO GAMES	Years:
Circle one: Don't use / Use casually / Use excessively	
Comments:	



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PORN	Years:
Circle one: Don't use / Use casually / Use excessively	
Comments:	

MASTURBATION	Years:
Circle one: Don't use / Use casually / Use excessively	
Comments:	

SEX	Years:
Circle one: Don't use / Use casually / Use excessively	
Comments:	

Please provide brief details on any other addiction issues:

Email your completed form to info@addictionreality.com



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