

D. Personal History Record

Participant Name/I.D. No.	PRU No. and /or Site Name
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INSTRUCTIONS: This form must be completed for each individual admitted for any counseling services. The form allows the Prevention Specialist to gather enough information to formulate an accurate, appropriate initial Participant Services Plan. This form must include baseline information in behavioral terms in the areas that will be addressed in the performance targets as per the current workplan. (Please refer to the approved Prevention Workplan for more information on the development of baseline statements and performance targets).

1. FAMILY HISTORY

2. EDUCATIONAL/VOCATIONAL HISTORY

3. MEDICAL/MENTAL HISTORY

4. SUBSTANCE/ALCOHOL USE/ABUSE HISTORY

**D. PERSONAL HISTORY RECORD
(CONT'D)**

5. GAMBLING HISTORY

6. STRENGTHS/WEAKNESSES

7. OTHER (Describe any other issues, including additional risk and protective factors)

Signature of Prevention Specialist _____

Date _____