

# Clinical Alcohol and Drug Evaluation

Referral Source/Probation Officer's name: \_\_\_\_\_

- |  |   |
|--|---|
| 1. North-2627 Zelrich                                | 7. South-2726 Coombs Creek              |
| 2. East-8425 Forney Rd.                              | 8. Frank Crowley Bldg-133 N. Riverfront |
| 3. Central- 133 N Riverfront Blvd 8 <sup>th</sup> FL | 9. Kaufman CPS-105 S Madison St         |
| 4. West-2121 French Settlement                       | 10. Rockwall-108 S. Fannin St           |
| 5. Garland- 1137 S. Jupiter                          | 11. Collin (McKinney)- 2100 Bloomdale   |
| 6. Buckner Unit- 3650 N. Buckner #110                | 12. Collin (Plano) -900 E. Park Blvd    |

IF OTHER THAN DALLAS COUNTY PROBATION:

REFERRAL SOURCE'S ADDRESS, CITY, STATE, ZIP AND TELEPHONE NUMBER

DATE OF EVALUATION: \_\_\_\_\_ ML# \_\_\_\_\_

CLIENT'S FULL LEGAL NAME: \_\_\_\_\_ PHOTO ID \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_ SEX \_\_\_\_ SS# XXX-XX-

CLIENT'S ADDRESS \_\_\_\_\_ APT.# \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

USUAL OCCUPATION: \_\_\_\_\_

MARITAL STATUS (CIRCLE ONE) SINGLE/MARRIED/LIVING WITH SOMEONE as though married  
SEPARATED/DIVORCED/WIDOWED

NAME OF SIGNIFICANT OTHER: \_\_\_\_\_

IS CLIENT CURRENTLY ON PROBATION? Yes/no IF YES, WHAT IS THE CHARGE

ARREST DATE: \_\_\_\_\_

LENGTH OF PROBATION: \_\_\_\_\_ YEARS OR \_\_\_\_\_ MONTHS

PROBATION STARTED ON-

CLIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**AUTHORIZATION FORM - FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_, THE UNDERSIGNED INDIVIDUAL, DO HEREBY  
AUTHORIZE BEE SERVICES, INCORPORATED, TO SUBMIT TO:

ALL RECORDS ACCRUED DURING THIS ASSESSMENT FOR THE PURPOSE OF EVALUATION,  
ATTENDANCE, REFERRAL, AND FOR THOSE PURPOSES ONLY.

THE INFORMATION TO BE RELEASED IS CONFINED TO THE FOLLOWING:

\_\_\_\_\_ CLINICAL EVALUATION/VERBAL COMMUNICATION WITH ASSIGNED PROBATION OFFICER.

\_\_\_\_\_ CLINICAL EVALUATION/VERBAL COMMUNICATION WITH REFERRAL SOURCE.

THIS AUTHORIZATION IS VALID FOR ONE YEAR, BEGINNING ON THE DATE OF THE SIGNING OF  
THIS DOCUMENT.

THIS CONSENT IS SUBJECT TO REVOCATION AT ANY TIME, EXCEPT TO THE EXTENT THAT ACTION  
HAS ALREADY BEEN TAKEN IN RELIANCE ON IT, OR RECORDS MAY BE REQUESTED BY COURT  
ORDER, OR THIRD PARTY REFERRAL SOURCE, AT A LATER DATE.

FURTHERMORE, THIS CONSENT WILL BE REVOKED UPON COMPLIANCE WITH THIS REQUEST  
AND WILL NOT SERVE FOR ANY FUTURE REQUEST.

THIS IS A LEGAL CONSENT FORM. PLEASE READ IT CAREFULLY AND BE SURE  
YOUR QUESTIONS HAVE BEEN FULLY ANSWERED BEFORE SIGNING.

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
DATE