

**Addictive Disorders Regulatory Authority  
(ADRA)**

**DEMOGRAPHIC INFORMATION ON ACTUAL/TYPICAL CLIENT**

Fictional Name: \_\_\_\_\_

Age at admission: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employment: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Current Legal Status: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Treatment Setting and Modality: \_\_\_\_\_

- A. Substance Abuse History
- B. Psychological Functioning
- C. Education/Vocational/Financial
- D. Legal History
- E. Social History
- F. Physical History
- G. Treatment History
- H. Assessment - "Identifying and evaluating an individual's strengths, weaknesses, problems and needs for the development of the treatment plan."
- I. Treatment Plan - "Identify and ranking problems needing resolution; establishing agreed upon immediate and long term goals; and deciding on a treatment process and the resources to be utilized."
- J. Course of Treatment - Describe the counseling approaches you used, your rationale for their use and any revisions you made based on the client's unique problems and response to treatment.
- K. Discharge Summary - Concise description of the client's overall response to treatment, including alcohol/drug status at discharge.

**(Your case must be written in this format for it to be valid)**