RICHARD BASKA, LLC

A Better Alternative for Coaching & Educational Services
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CLIENT NAME: _____ DOB: _____

Phone:_____ Email Address:_____

Client statement: What's going on? How can we help? _____

_____

_____

_____

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_____

How would you describe the problem? _____

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Client Goal: What you like to accomplish? _____

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Drugs:

What drugs do you consume? Caffeine____ Nicotine____ Alcohol____ THC____ CBD____

Other_____

Do you think you have a drug problem? ____ If yes, Drug of choice:_____ Alcohol ? _____
Could you go through the next 30 days (after signing up for this program) without alcohol or other drugs? (It's not required. I'm just asking.)

_____

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If you need more room to explain, write more about the ISSUES or EVENTS that you want to address on the back of this page. Describe concepts and details.
Please have this information page available to scan to me if we are meeting electronically.