

DISHA DE-ADDICTION-CUM-REHABILITATION CENTRE

REGISTRATION FORM

Reg. No.	Date	Time
1. Name _____ (a) Patient _____ (b) Informant _____		
2. Father's/Husband's Name _____		
3. Full Address _____ _____ _____		
4. Age _____	5. Sex M/F _____	6. A) Monthly Income _____ B) Family Income _____
7. Educational Qualification :	Illiterate / Literate / Primary / Secondary / Hr. Sec. SSLC Intermediate / Graduation / Post Graduate / Ph. D. / LL. B. /C.A. M.B.B.S. / B.E. / B. Tech / Any Other _____	
8. Marital Status : Married / Unmarried / Separated / Divorced / Widow / Widower		
9. Issue	a) Sons	b) Daughter
10. No. of Dependents _____ (_____)		
11. Occupation	Govt. Service/ Business / Agriculture / Agriculture Labour (Includes Seasonal) /Lawyer C.A. / Doctor / Engg. / Transport Worker / Rickshawapullar / Scooter Driver /Any Other/ Unemployed	
12. Family Structure :- Joint/Nuclear	13. Age of Parents. a) Father _____	b) Mother _____ C) Wife/Husband _____
14. Interpersonal Relationship in the Family :-		
a) Between Father & Mother	Harmonious / Normal / Disharmonious	
b) Between Father & Subject	Harmonious / Normal / Disharmonious	
c) Between Siblings	Harmonious / Normal / Disharmonious	
d) Between Wife & Subject	Harmonious / Normal / Disharmonious	
15. Type of Drug Abused	Opium / Morphine / Codeine / Heroin / Brown-Suger / Smack / Pethidine Methadone / Amphetamines / Cocaine / Barbiturates / Alcohol / LSD / PCD Ganja / Charas / Bhang / any other (s) _____	
16. Dosage of Drugs	17. Age of First taking	18. Length of usage
19. Whether detoxified	20. If yes, the name of agency	
21. Cause of Addition	Pre-morbid personality / Anxiety / depression / frustration loneliness / Curiosity / Peer group pressure / Individual Problem / Family Problem / any other (s)	
22. Problem due to addiction physical / Mental / Social / Social ailment.		
23. Details of any attempt to be detoxified : _____ _____		
24. Remarks :		

Intake Interviewer