WINGS

COLLATERAL INFORMATION Client's Name _____

Please tell us the behaviors you have observed and the concerns you have regarding this client's chemical use. Also, please provide us with any additional information that you think we should be made aware of that may help us in dealing with and responding to this client. The information that you provide will help us in developing a Treatment Plan that addresses all the issues that this client is struggling with and will also help us in dealing with any problems that may arise during treatment. Also, please list any strengths and weaknesses you have observed.

STRENGTHS: _____

_____

_____

WEAKNESSES: _____

_____

_____

OBSERVATIONS: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____ Date _____