

Caring Hearts Agency LLC Professional Visitation Monitors

Health Information

Do you have any medical problems that Professional Monitor should be aware of? Yes No

If yes please describe: _____

Substance Use:

Is there a history of overuse of alcoholic beverages? Yourself Other Parent

Is there a history of overuse of prescription drugs? Yourself Other Parent

If yes, please name substance(s): _____

Frequency of Use: _____

Is there a history of overuse of non-prescription/illegal drugs? Yourself Other Parent

If yes, please name substance(s): _____

Frequency of Use: _____

Do you believe there is a problem with drugs or alcohol for?

Yourself Other Parent Other Not Applicable

If yes please explain: _____

Treatment History: _____

Length of Sobriety: _____

Additional Info: _____

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