Completion of Initial Assessment

Patient Name and Date of Birth: ________________________________

There are 3 parts to your mandatory requirement:

1. Complete, sign and deliver a “Release of Information” form to my office (location below). One will and/or can be Blitzed to you.

2. Complete an individual alcohol and other drug assessment and follow the recommendations of an outside provider recommended by Dartmouth College Counseling and Human Development Center (603-646-9442). Once you have completed the assessment, have the counselor complete the information below.

   (UNSHADED AREA TO BE COMPLETE BY PROVIDER)

   I, _____________________________, acknowledge the patient named above has completed an alcohol and/or other drug assessment and has received recommendations based on that assessment.

   Month     Day     Year

   Print: Date Completed

   Signature of Health Service Provider: ______________________________________

   Address   Dartmouth College Health Service     Phone: 603-646-9442

   Today’s Date: _______________     Fax: 603-646-9450

3. Return this completed form and a completed “Release of Information” form to Brian Bowden (3rd floor Robo 319) shortly after your initial session.