Sean Burns, MA, LLP, CAADC 3300 Burton St SE P: (616) 706-9741
Substance Abuse Professional Grand Rapids, MI 49546 F: (616) 285-6880

DOT Employee Information Form

Date:________________________

Identification

Client name:_________________________Date of Birth:_______________Age:____
Social Security#:_________________________________
Home street address:____Apt.:_________
City:_______________________________________State:_______Zip:____________
Primary phone:_______________________Secondary phone:____________________
E-mail:____

Referral Source: [ ] Internet [ ] Friend [ ] Professional [ ] Insurance Company
[ ] Other:____

Your Medical Care:
Doctor's name/Clinic:____________________________Phone:___________________
Address:____
Fax:____________________________E-Mail:__________________________________

Religious and racial/ethnic identification: Current religious denomination/affiliation
[ ] Buddhist [ ] Catholic [ ] Christian [ ] Hindu [ ] Jewish [ ] Muslim [ ] Protestant
[ ] Other (specify):____
Involvement: [ ] None [ ] Some/irregular [ ] Active
How important are spiritual concerns in your life?
____

Employer
Employer Name:_____________________________Phone:_______________________
Address:____
Your Job Title:____

Designated Employer Representative (DER)
Name:______________________________Phone:______________________________
Fax:________________________________E-Mail:______________________________
Job Title:____

Emergency information
If some kind of emergency arises and I cannot reach you directly, or I need to reach someone close to you, whom should I call?
Name:______________________Phone:______________Relationship:_____________
Address:____

Drug Testing Site

Company Name:____________________________Phone:________________________
Fax:___________________Address:____

MRO Name:________________________________Phone:________________________
Fax:_______________________________E-mail:________________________________
Address:____

Type of Drug Test

[ ] Pre-Employment [ ] Random [ ] Reasonable Suspicion [ ] Post Accident
[ ] Return-to-Duty

Type of Drug(s) Tested Positive For

[ ] Alcohol [ ] Marijuana [ ] Amphetamines [ ] Opiates [ ] PCP [ ] Cocaine

Administration Operation

[ ] FMCSA (Trucking & Motorcoaches) [ ] FAA (Aviation) [ ] FTA (Public Transit)

[ ] FRA (Railways) [ ] USCG (Maritime) [ ] PHMSA (Pipeline/HazMat)

Payment is expected at time of service. I accept cash, checks, credit, and debit cards.

Cost of DOT/SAP Evaluation: *$600.00*

Checks can be made payable to:

Sean Burns, PLLC

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Checklist of Concerns and History

Please mark all of the items below that apply. Add notes or details in the space next to the concerns checked.

[ ] Abuse: Physical, sexual, emotional, neglect,
[ ] Aggression, violence
[ ] Alcohol use
[ ] Anger, hostility, arguing, irritability
[ ] Anxiety, nervousness
[ ] Attention, concentration, distractibility
[ ] Career concerns, goals, and choices
[ ] Childhood issues (your own childhood)
[ ] Codependence
[ ] Confusion
[ ] Compulsions
[ ] Custody of children
[ ] Decision making, indecision, putting off decisions
[ ] Delusions (false ideas)
[ ] Dependence
[ ] Depression, low mood, sadness, crying
[ ] Divorce, separation
[ ] Drug use
[ ] Eating problems-over, underrating, vomiting, appetite
[ ] Emptiness
[ ] Failure
[ ] Fatigue, tiredness, low energy
[ ] Fears, phobias
[ ] Financial or money troubles
[ ] Friendships
[ ] Gambling
[ ] Grieving, mourning, deaths, losses, divorce
[ ] Guilt
[ ] Headaches, other kinds of pain
[ ] Health, illness, medical concerns, physical problems
[ ] Housework/chores-quality, schedules, sharing duties
[ ] Inferiority feelings
[ ] Interpersonal conflicts
[ ] Impulsiveness, loss of control, outbursts
[ ] Irresponsibility
[ ] Threats, violence
[ ] Trauma Experience
[ ] Withdrawal, isolating
[ ] Judgement problems, risk taking
[ ] Legal Matters, charges, suits
[ ] Loneliness
[ ] Marital problems
[ ] Memory problems
[ ] Menstrual problems, PMS
[ ] Menopause
[ ] Mood swings
[ ] Motivation, laziness
[ ] Nervousness, tension
[ ] Obsessions, compulsions
[ ] Oversensitivity to rejection
[ ] Pain, chronic
[ ] Panic or anxiety attacks
[ ] Parenting issues
[ ] Perfectionism
[ ] Pessimism
[ ] Procrastination, laziness
[ ] Relationship problems
[ ] School problems
[ ] Self-centeredness
[ ] Self-esteem
[ ] Self-neglect, poor self-care
[ ] Sexual issues
[ ] Shyness
[ ] Oversensitivity to criticism
[ ] Sleep problems
[ ] Smoking and tobacco use
[ ] Spiritual, religious, moral,
[ ] Ethical issues
[ ] Stress
[ ] Suspiciousness, distrust
[ ] Suicidal thoughts
[ ] Temper problems
[ ] Thought disorganization
[ ] Confusion
[ ] Weight and diet issues
[ ] Work problems
[ ] Other Concerns or issues:____

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Presenting Issues: How long have you been abusing the drug you tested positive for?

Please give a brief history of these problems (when they began, attempted solutions, etc.)

Abuse History: [ ] I was not abused in any way. [ ] I was abused.
Please describe:

Legal History:
Are you presently suing anyone or thinking of suing anyone? [ ] No [ ] Yes
If yes, please explain: ____
Is your reason for coming to see me related to an accident or injury? [ ] No [ ] Yes
If yes, please explain: ____
Are you required by a court, the police, or a probation/parole officer to have this appointment?
[ ] No [ ] Yes If yes, please describe:

Military Experience:
Do you have military experience (describe)?

Is there any other information you would like your Substance Abuse Professional to know?