



**Concerned Persons Form**

Chemical Dependency is a disease that causes a person to lose control over their use of alcohol or drugs or other forms of addictive behavior. It is an addiction. This loss of control causes a person to experience physical, psychological, social and spiritual problems. Therefore, the whole person is affected as well as family and friends. Filling out this questionnaire will give the Counsellors at Cedars a better understanding of your loved one, and will help with their treatment program during their stay at Cedars. To help break through denial and further the patients' treatment we would like to use this questionnaire to share with the patients/peers. However; if you prefer this to be kept confidential and not shared with the patient and their peers please check box.

- 1) What is it about your loved ones behavior that you disapprove of the most? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 2) Has the patient ever been aggressive or abusive towards you or someone you know, please explain with detail? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3) Has the patient missed any family functions or has any function been affected by their chemical dependence?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 4) Has the patients work or education been affected? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 5) What are some of the fears you have for this person? \_\_\_\_\_

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6) Have you noticed loss of family or friendships because of their chemical dependence? \_\_\_\_\_

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7) What do you see as their strengths? \_\_\_\_\_

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8) What are your hopes for your loved one? \_\_\_\_\_

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9) Is there anything else you would like to share that may help the staff and them? \_\_\_\_\_

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Please mail to: P.O. Box 250  
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Cobble Hill B.C V0R-1L0

e-mail: [admin@cedarscobblehill.com](mailto:admin@cedarscobblehill.com) Fax: (250) 733-2509

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relation to Patient: \_\_\_\_\_ Patient's Name: \_\_\_\_\_