



# Kiowa Alcohol-Drug Addictions & Preventions/BHS (KADAP/BHS)

208 Hardee St, W

Anadarko, OK 73005

Phone: 580 919 1576 and 580 951 0656

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Date: \_\_\_\_\_ Counselor: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_ Tribe: \_\_\_\_\_ Degree: \_\_\_\_\_

Referred by: \_\_\_\_\_

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In your own words describe the problem that brought you here.

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In your own words tell us what we can do to help with your problem.

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Disposition/Referral (to be completed by counselor)

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Counselor comments:

This form is to be completed before services are rendered. Completed form is submitted to the Program Director.