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| --- | --- | --- | --- | --- | --- | --- |
| ***General Information*** | | | | | | |
| **Today's Date:** | | | | |  | **Staff Use Only** |
| **Full Name:** | | | | |  |
|  |
| **Name You Prefer to Be Called:** | | | | |  |
|  |
| **I am seeking help for:** (Check all that apply.) | | | |  |  |
|  1- Depression   2- Anxiety   3- Relationship Problems   4- Homelessness   5- Job Problems | |  6- School Problems   7- Drug Problem   8- Alcohol Problem   9- Legal Problems   10- Domestic Violence/Abuse | |  11- Not Sure   12- Other: |  |
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|  |
| **I was referred here by:**   1- Physician or Psychiatrist   2- Friend or Relative   3- Clergy   4- Employer or School | |  5- DCF (Dept. of Children and Families)   6- Judge/Court/Legal   7- Myself   8- Probation/Parole Officer   9- Other: | | |  |
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| **The language spoken most often in my home is:** | | | |  |  |
|  1- English   2- Spanish |  |  3- Other: | | |  |
|  |
| **My income comes from:** (Check all that apply.) | | | |  |  |
|  1- Family or Relatives | |  2- SSI/SSDI, all or part | | |  |
|  3- Food stamps |  |  4- Welfare (TANF/W.A.G.E.S.) | | |  |
|  5- Part-time job. |  |  6- Full-time job. | |  |  |
|  7- Other source: |  |  | |  |  |
|  8- I have no income. |  |  | |  |  |
| **In the past year my income has:** | | |  |  |  |
|  1- Not changed   2- Increased   3- Decreased |  | **If changed, it was:**   4- Expected   5- Not expected | |  |  |
|  |
|  |
| **Due to my problems, during the last month at work or school I have missed:** | | | | |  |
|  |
|  1- 0 days   2- 1-3 days |  3- 4-6 days   4- 7-9 days | |  5- 10 or more days   6- Not working or in school | |  |
|  |
| **My concerns or problems I have at work or school are:** | | | |  |  |
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Relationships and Family

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Children and other people living or staying with me:** | | | | | |  | **Staff Use Only** |
| **Name** | | **Relationship** | | **Part- time** | **Full- time** |  |
|  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
| **I am currently married or in a significant relationship.**  1- Yes  2- No | | | | | |  |
|  |
| **If Yes, this relationship is:**  3- Good  4- Fair  5- Poor  Why? | | | | | |  |
|  |
| **History of marriages and significant relationships:** | | | | | |  |
|  |
| **Name** | **Relationship** | | **Approximate Dates** | | |  |
|  |  | |  | | |  |
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|  |  | |  | | |  |
| **My current relationship with my family is:** | | |  |  |  |  |
|  1- Good  2- Fair  3- Poor  4- Not applicable  Why? | | | | | |  |
|  |
| **My current relationship with my friends is:** | | |  |  |  |  |
|  1- Good  2- Fair  3- Poor  Why? | | | | | |  |
|  |
| **I receive some emotional support from my family and/or friends:** | | | | |  |  |
|  1- Yes (Is it enough?  2- Yes  3- No )   4- No  5- Other source(s) | |  |  |  |  |  |
|  |
| **Overall, my childhood was:** |  |  |  |  |  |  |
|  1- Good  2- Fair  3- Poor  Why? | | | | | |  |
|  |
| **My relationship with my mother growing up was:** | | |  |  |  |  |
|  1- Good  2- Fair  3- Poor  4- Not applicable  Why? | | | | | |  |
|  |
| **My relationship with my father growing up was:** | | |  |  |  |  |
|  1- Good  2- Fair  3- Poor  4- Not applicable  Why? | | | | | |  |
|  |
| **My relationship with my friends as a child was:** | | |  |  |  |  |
|  1- Good  2- Fair  3- Poor  Why? | | | | | |  |
|  |
| **My relationship with other family members growing up was:** | | | | |  |  |
|  1- Good  2- Fair  3- Poor  4- Not applicable  Why? | | | | | |  |
|  |
| **A significant friend or relative of mine has died in the last year**   1- Yes  2- No  **If Yes, who? Cause of death** | | | | | |  |
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|  |

***Children 18 and Younger (Please include stepchildren and adopted children as well as biological children.)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For each child:** | | **Name of child:** | **Name of child:** | **Name of child:** | **Name of child:** | **Name of child:** |
| **Age** | |  |  |  |  |  |
| **Sex** | Male Female |  1   2 |  1   2 |  1   2 |  1   2 |  1   2 |
| **My status as a parent is:** | | |  |  |  |  |
| Biological parent | |  1 |  1 |  1 |  1 |  1 |
| Step-parent | |  2 |  2 |  2 |  2 |  2 |
| Foster parent | |  3 |  3 |  3 |  3 |  3 |
| Adoptive parent | |  4 |  4 |  4 |  4 |  4 |
| Other | |  5 |  5 |  5 |  5 |  5 |
| **Custody status (past 30 days)** | | |  |  |  |  |
| Full custody | |  1 |  1 |  1 |  1 |  1 |
| Not in my custody  temporarily | |  2 |  2 |  2 |  2 |  2 |
| Not in my custody  permanently | |  3 |  3 |  3 |  3 |  3 |
| Joint custody | |  4 |  4 |  4 |  4 |  4 |
| Other | |  5 |  5 |  5 |  5 |  5 |
| **Living arrangements (past 30 days)** | | |  |  |  |  |
| In my household | |  1 |  1 |  1 |  1 |  1 |
| With other parent | |  3 |  3 |  3 |  3 |  3 |
| In foster care | |  4 |  4 |  4 |  4 |  4 |
| Other | |  5 |  5 |  5 |  5 |  5 |
| **Does this child have any learning or behavioral problems?** | | | | |  |  |
| No | |  1 |  1 |  1 |  1 |  1 |
| Yes, not getting help | |  2 |  2 |  2 |  2 |  2 |
| Yes, getting help | |  3 |  3 |  3 |  3 |  3 |
| If Yes, please describe | |  |  |  |  |  |
| **Other Parent of Child (Check all that apply.)** | | | |  |  |  |
| Name: | |  |  |  |  |  |
| Lives with me & child | |  1 |  1 |  1 |  1 |  1 |
| Has custody of child | |  2 |  2 |  2 |  2 |  2 |
| Shares custody w/me | |  3 |  3 |  3 |  3 |  3 |
| Has visitation rights | |  4 |  4 |  4 |  4 |  4 |
| Contributes to support | |  5 |  5 |  5 |  5 |  5 |
| Is involved with child | |  6 |  6 |  6 |  6 |  6 |
| **Please note any childcare arrangements, other caregivers, custody issues, etc. that you think are important.** | | | | | | |
| **Staff Use Only** | | | | | | |
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Relationships and Family (cont.)

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| --- | --- | --- | --- | --- | --- | --- |
| **Significant Other People Who Don't Live with You**  (parents, sisters, brothers, children over 18, grandparents, other relatives, etc.) | | | | | | |
| **Name** | **Relationship** | **Age** |  **if Deceased** | **Cause of Death** | **Amount of Contact** | **Health** |
|  |  |  |  |  |  |  1- Good  2- Fair  3- Poor |
|  |  |  |  |  |  |  1- Good  2- Fair  3- Poor |
|  |  |  |  |  |  |  1- Good  2- Fair  3- Poor |
|  |  |  |  |  |  |  1- Good  2- Fair  3- Poor |
|  |  |  |  |  |  |  1- Good  2- Fair  3- Poor |
|  |  |  |  |  |  |  1- Good  2- Fair  3- Poor |
|  |  |  |  |  |  |  1- Good  2- Fair  3- Poor |
|  |  |  |  |  |  |  1- Good  2- Fair  3- Poor |
|  |  |  |  |  |  |  1- Good  2- Fair  3- Poor |
|  |  |  |  |  |  |  1- Good  2- Fair  3- Poor |
|  |  |  |  |  |  |  1- Good  2- Fair  3- Poor |
| **Staff Use Only** | | | | | | |
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Religion/Culture

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| --- | --- | --- |
| **What holidays do you observe?** |  | **Staff Use Only** |
| **Do you consider yourself religious?**  1- Yes  2- No |  |
| **Do you attend religious services regularly?**  1- Yes  2- No |  |
| **What are the religious, spiritual, cultural, or ethnic considerations that we should be aware of as we meet with you?** |  |
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Education

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| --- | --- | --- |
| **Are you currently enrolled in school/college/training?**  1- Yes  2- No |  | **Staff Use Only** |
| **If Yes,**  1- Full-time  2- Part-time |  |
| **If Yes, where?** |  |
| **The highest grade I completed in school was:** |  |
| **For *me* school was:**  1- Good  2- Fair  3- Poor |  |
| **List degrees, licenses, special training, etc.:** |  |
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Employment/Military

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| --- | --- | --- | --- | --- | --- |
| **Current Employment:** | | | |  | **Staff Use Only** |
|  1- Full-time  3-Volunteer work   2- Part-time  4- Unemployed | | | |  |
|  |
| **What kind of work do you do?** | | | |  |
|  |
|  |
| **Relationship with co-workers** |  1- Good   2- Fair   3- Poor | **Relationship with supervisor** |  1- Good   2- Fair   3- Poor |  |
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|  |
| **How long have you been there?** | | | |  |
| **How many days did you work in the last month?** | | | |  |
| **What was your favorite job?** | | | |  |
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| **Military Service:**  1- Yes  2- No **If Yes, dates: Were you ever in combat?**  3- Yes  4- No  **Comments:** | | | |  |
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Legal

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Were you forced into seeking treatment?**  1- Yes  2- No **If Yes, give details:** | | | | | | | | |
| **Have you ever been arrested?**  1- Yes  2- No **If Yes, how many times were you arrested?** | | | | | | | | |
| **Are you waiting to go to trial/hearing**  1- Yes  2- No **If Yes, date of trial/hearing** | | | | | | | | |
| **Current Probation**   1- Yes  2- No | | **Current Parole**   1- Yes  2- No | | **Current Drug Court**   1- Yes  2- No | | **Current Domestic Violence Court**   1- Yes  2- No | | |
| **Please list all arrests beginning with the most recent (include DUI's and DWI's).** | | | | | | | | |
| **Date** |  | |  |  |  |  |  |  |
| **Charge** |  | |  |  |  |  |  |  |
| **Results & Penalties**  (Check all that apply.) |  | |  |  |  |  |  |  |
| Not guilty |  1 | |  1 |  1 |  1 |  1 |  1 |  1 |
| Adjudication witheld |  2 | |  2 |  2 |  2 |  2 |  2 |  2 |
| Probation |  3 | |  3 |  3 |  3 |  3 |  3 |  3 |
| Fine |  4 | |  4 |  4 |  4 |  4 |  4 |  4 |
| Time served |  5 | |  5 |  5 |  5 |  5 |  5 |  5 |
| Community service |  6 | |  6 |  6 |  6 |  6 |  6 |  6 |
| Jail time  Place Dates |  7 | |  7 |  7 |  7 |  7 |  7 |  7 |
| Prison time  Place Dates |  8 | |  8 |  8 |  8 |  8 |  8 |  8 |
| Other (describe) |  9 | |  9 |  9 |  9 |  9 |  9 |  9 |
| **Staff Use Only** | | | | | | | | |
| Has the client ever been “Incompetent to Proceed” or “Not Guilty by Reason of Insanity”?  1- Yes  2- No | | | | | | | | |
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Alcohol and Other Drugs

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| --- | --- | --- | --- |
| **Do members of your family use alcohol or other drugs?**   1- Yes  2- No  3- Not applicable **If Yes, who?** | |  | **Staff Use Only** |
|  |
| **Do members of your family have a history of alcoholism or problems with drinking or drugs?**  1- Yes  2- No  3- Not applicable  **If Yes, who?** | |  |
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|  |
| **At any time in the last 30 days, have you felt that you should reduce or stop:** | |  |
|  |
| **Smoking cigarettes?** |  1- Yes  2- No  3- Do not use |  |
| **Alcohol use?** |  4- Yes  5- No  6- Do not use |  |
| **Drug use?** |  7- Yes  8- No  9- Do not use |  |
| **Has drinking or taking drugs caused you any problems with school, work, friends, family, spouse, police, or your health?**  **Currently**  1- Yes  2- No  **Within the last year**  1- Yes  2- No  **Please explain problems:** | |  |
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| **Was drinking or using drugs a problem for you at one point in your life**  **but not a problem now?**  1- Yes  2- No  3- Never used/drank | |  |
|  |
| **Has anyone else expressed concern about your drinking/drug use?**   1- Yes  2- No  3- Do not use drugs or drink  **If yes, who?** | |  |
|  |
|  |
| **Does your personality change under the influence?**   1- Yes  2- No  3- Do not drink or use drugs  **If yes, describe briefly:** | |  |
|  |
|  |
| **Has your use of alcohol or other drugs made any mental health problems you have worse?**  1- Yes  2- No  3- Do not use drugs or drink  **If yes, please explain:** | |  |
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|  |
| **Have you ever blacked out when drinking?**  1- Yes  2- No | |  |
| **Have you ever attended AA?**  1- Yes  2- No **NA?**  3- Yes  4- No | |  |
| **If yes, about how long did you attend? What is the longest you were ever clean & sober?** | |  |
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|  |
| **Comments you want to make:** | |  |
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Alcohol and Other Drugs (cont.)

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| --- | --- | --- | --- | --- | --- |
|  |  **Check if used:** | | |  | **During the last 6 months, what is the most you have used**  **in one day?** |
| **Type of Drug** |  | **Last 6 Months** | **Last 48 Hours** | **Age of First Use** |
|  | **Ever** |
| **Alcohol**: beer, wine, wine coolers, liquor, etc. |  |  |  |  |  |
| **Amphetamines:** "speed," "uppers", "crystal," methamphetamine, "crank," etc.   01- Pills  02- Smoke |  |  |  |  |  |
| **Cannabis**: marijuana, "pot," hashish |  |  |  |  |  |
| **Cocaine and Crack Cocaine: "**blow," "rock," "coke," freebase, etc.   01- Powdered cocaine  02- Crack, freebase |  |  |  |  |  |
| **Hallucinogens**: LSD, "ecstasy," MDA, DMT,  mescaline, psilocybin mushrooms, etc. |  |  |  |  |  |
| **Inhalants**: glue, gasoline, paint thinner, spray can  propellant, etc. |  |  |  |  |  |
| **Opioids**: heroin, Demerol, codeine, morphine, fentanyl, "China white," methadone, etc.   01- Injection  02- Other intake |  |  |  |  |  |
| **Phencyclidine & Similar:** PCP, ketamine, "K," etc. |  |  |  |  |  |
| **Sedatives, Hypnotics & Anxiolytics**: barbiturates, "downers," benzodiazepines, Xanax, Valium,  "roofies," etc. |  |  |  |  |  |
| **Other**: Darvocet, steroids, GHB, amyl nitrite,  "poppers," "rush," etc. |  |  |  |  |  |
| **Nicotine**: cigarettes, chewing tobacco, cigars, dip, etc. |  |  |  |  |  |
| **Staff Use Only** | | | | | |
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Medications

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| --- | --- | --- | --- | --- | --- |
| **Current Medications (including medical):** | | | | | |
| **Medication Name** | **Date Prescribed** | **Dosage/Frequency** | **Doctor** | **Side Effects** | **Taken as Prescribed?** |
|  |  |  |  |  |  1- Yes  2- No |
|  |  |  |  |  |  1- Yes  2- No |
|  |  |  |  |  |  1- Yes  2- No |
|  |  |  |  |  |  1- Yes  2- No |
|  |  |  |  |  |  1- Yes  2- No |
|  |  |  |  |  |  1- Yes  2- No |
| **Previous Medications (last 2 years, including medical):** | | | | | |
| **Medication Name** | **Dates** | **Dosage/Frequency/ Response** | **Doctor** | **Side Effects** | **Taken as Prescribed?** |
|  |  |  |  |  |  1- Yes  2- No |
|  |  |  |  |  |  1- Yes  2- No |
|  |  |  |  |  |  1- Yes  2- No |
|  |  |  |  |  |  1- Yes  2- No |
|  |  |  |  |  |  1- Yes  2- No |
|  |  |  |  |  |  1- Yes  2- No |
| **Staff Use Only** | | | | | |
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Medical

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| --- | --- | --- |
| **Please describe any significant disease, surgeries, or injuries from your past or present:** |  | **Staff Use Only** |
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|  |  |
| **Do you have any known allergies, including medication allergies?**   1- Yes  2- No **If yes, describe:** |  |
|  |
|  |
| **My present physician(s):** |
| 1. **Last contact** |  |
| 2. **Last contact** |  |
| **My last physical examination was on (date)** |  |
| **by Dr.** |  |
| **I am:**  1- **Not on a special diet**  2- **On a special diet involving** |  |
|  |
| **Do you want information on family planning?**   1- Yes  2- No |  |
|  |
| **Have you or your partner ever had a problem birth, miscarriage, or**  **abortion?**  1- Yes  2- No |  |
|  |
| **WOMEN ONLY: Are you pregnant?**  1- Yes  2- No  **If Yes, are you receiving medical care for pregnancy?**  3- Yes  4- No  **If Yes, where?** |  |
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Mental Health

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| --- | --- | --- | --- | --- |
| **Have any members of your family had: (Check all that apply.)** | | |  | **Staff Use Only** |
|  1- Depression?   2- Anxiety?   3- Mental illness?   4- Job problems? |  6- Drug/alcoholism problems?   7- Legal problems?   8**-** Other?: | |
|  |
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|  |
| **Have you ever seen a counselor or psychiatrist about a problem?**   1- Yes  2- No | | |  |
|  |
| **If Yes, did he or she recommend services for you?**  1- Yes  2- No | | |  |
| **If Yes, did you complete this treatment?**  1- Yes  2- No | | |  |
| **Have you recently received: (Check all that apply.)**   1- Counseling or psychiatric care?   2- Inpatient psychiatric treatment?   3-. Medications for depression/anxiety from my primary care doctor?   4- Other services? | | |  |
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| **During the last 6 months have you thought of killing yourself?**   1- Yes  2- No | | |  |
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| **How many times have you attempted suicide?** | | |  |
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| **During the last month how often have you felt well enough to do what you usually do during the day?** | | |  |
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|  1- Never   2- Seldom |  3- Often   4- Very frequently | |  |
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| **During the last month how often have you been getting out of the house to do the things you enjoy?** | | |  |
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|  1- Never   2- Seldom |  3- Often   4- Very frequently | |  |
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| **Are you concerned about any sexual issues, past or present?**   1- Yes  2- No If Yes, please explain: | | |  |
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| **Have there been times in the past when your appetite changed a lot?**   1- Yes  2- No | | |  |
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| **During the last 6 months you** | | **Your appetite the last month has been:**   1- Normal   2- Eating more than normal   3- Poor |  |
|  1- Maintained the same weight.   2- Gained pounds.   3- Lost pounds | |  |
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| **Have you had sleep problems in the past?**  1- Yes  2- No | | |  |
| **Have there been times when you didn’t need much sleep?**   1- Yes  2- No- | | |  |
|  |
| **Your usual sleep pattern is:** (Check all that apply.) | | |  |
|  1- Normal sleep   2- Problems falling asleep   3- Problems staying asleep | |  4- Nightmares   5- Irregular sleep   6 Sleep too much |  |
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Violence and Trauma

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| **Were you ever punished resulting in bruises, cuts, burns, or other injuries?**  1- Yes  2- No **Age: \_** |  | **Staff Use Only** |
| **If Yes, please describe:** |  |
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| **Did you ever see your parents physically fighting or causing injury to your brothers or sisters?**  1- Yes  2- No **Age:** |  |
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| **If Yes, please describe:** |
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| **Did your spouse, partner, boyfriend, or girlfriend ever hit, slap, or punch you during an argument?**  1- Yes  2- No **Age:** |  |
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| **If Yes, please describe:** |
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| **Was anyone arrested?**  1- Yes  2- No |  |
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| **Did you receive any kind of counseling/treatment?**  1- Yes  2- No |
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| **If Yes, please describe:** |
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| **Were you ever beaten up, hit, slapped, or assaulted by anyone not**  **mentioned in the question above?**  1- Yes  2- No **Age:** |
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| **If Yes, please describe:** |  |
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| **Did you ever witness a violent death or extreme violence against**  **someone else?**  1- Yes  2- No **Age: \_** |  |
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| **If Yes, please describe:** |  |
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| **Did your parents or your partner ever have a pattern of making threats, putting you down, calling you names, or humiliating you?** |  |
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|  1- Yes  2- No **Age: If Yes, please describe:** |  |
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| **Did you ever witness or were you involved in a severe accident (wreck,**  **drowning, fire, etc.)?**  1- Yes  2- No **Age:** |  |
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| **If Yes, please describe:** |  |
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| **Did you ever witness a violent death or extreme violence against**  **someone else?**  1- Yes  2- No **Age: \_** |  |
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| **If Yes, please describe:** |  |
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| **Were you ever a victim of a violent or potentially violent theft (armed robbery, mugging, etc.)?**  1- Yes  2- No **Age:**  **If Yes, please describe:** | | | |  | **Staff Use Only** |
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| **Were you ever raped?**  1- Yes  2- No **Age:** | | | |  |
| **When you were a child, were you ever touched/fondled in a sexual way by someone older than you or made to touch/fondle their body in a**  **sexual way?**  1- Yes  2- No **Age:** | | | |  |
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| **If Yes, did this happen once or more than once?**   1- Once  2- More than once  **Comments you want to make:** | | |  |  |
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| **After you became an adult, did someone touch/fondle your body in a sexual way or make you touch/fondle their body in a sexual way when**  **you didn't want them to.**  1- Yes  2- No | | | |  |
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| **If Yes, did this happen once or more than once?**   1- Once  2- More than once  **Comments you want to make:** | | |  |  |
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| **Were you ever forced to have sex by your spouse/significant other?**   1- Yes  2- No  **Comments you want to make:** | | | |  |
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| **Has anyone stalked you, in other words, followed you or kept track of your activities, causing you to feel intimidated or concerned for your safety?**  1- Yes  2- No  **If Yes, please describe:** | | | |  |
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| **If you answered yes to any of the above questions about violence and sexual trauma, do you *currently* experience any of the following?** | | | |  |
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| Flashbacks |  1- Yes  2- No | Numbness |  1- Yes  2- No |  |
| Nightmares |  1- Yes  2- No | Other (write below) |  1- Yes  2- No |  |
| Insomnia |  1- Yes  2- No |  | |  |
| Fearfulness |  1- Yes  2- No |  | |  |
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Strengths

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| **What are some things that will help you in treatment? Check all that apply and list others you think will help.** |  | **Staff Use Only** |
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|  1- Support from family (parents, children, others)   2- Support from spouse or significant other   3- Connection to self-help group (AA, NA, etc.)   4- A positive and supportive sponsor   5- Connection to a church group or minister   6- Counselor or case manager who helped you get into treatment   7- Judge or probation officer who helped you get into treatment   8- Employer who helped you get into treatment   9- Financial assistance or benefits   10- Permanent residence   11- Connection to a mental health facility and/or psychiatric care; provisions for obtaining medications   12- Supportive friends   13- Others: |  |
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Abilities

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| **What are some of your personal qualities, skills, or talents that will help you in treatment? Check all that apply and list others you think will help.** |  | **Staff Use Only** |
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|  1- I am very motivated for treatment.   2- I am able to make an appropriate transition to living in a recovering community.   3- I have good interpersonal skills.   4- I have good emotion-management skills.   5- In the past I have demonstrated openness and honesty with regard to my recovery.   6- I have been able to let go of the denial that I once had about my substance use.   7- I have been able to let go of the denial that I once had about my mental disorders   8- I have some insight into my substance use and mental disorders.   9- I have good self-esteem.   10- I have some positive plans and goals for my future.   11- I am willing to do whatever it takes to be in recovery.   12- I have a good relationship with a Higher Power.   13- In spite of past hardships, there are still areas of my life in which I take pleasure.   14- I am a caring person, capable of offering support to others in recovery.   15- Others: |  |
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Needs

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| **What do you want to learn in treatment? Check all that apply and list other things you can think of that are not shown.** |  | **Staff Use Only** |
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|  1- Education about substance abuse   2- Education about mental disorders   3- An explanation of my diagnosis   4- Improvement in my communications skills   5- Improvement in my interpersonal skills/relationships   6- Contact with supportive others   7- Emotion-management skills   8- Anger-management skills   9- Education about improving my health   10- Relapse-prevention education   11- Others: |  |
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Expectations

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| **What do you hope to get out of treatment? Check all that apply and list other things you can think of that are not shown.** |  | **Staff Use Only** |
|  1- I will learn the skills to stay clean and sober.   2- I will learn the skills to stay mentally stable.   3- I will have a better understanding of my diagnosis.   4- I will be able to communicate more effectively.   5- My interpersonal skills/relationships will improve.   6- I will develop a system of support in recovery.   7- I will be able to better manage my emotions.   8- I will be able to better manage my anger.   9- My health will improve.   10- I will have a better understanding of relapse prevention.   11- Others: |  |
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Goals

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| **List some goals that you hope to achieve in the next few years.** |  | **Staff Use Only** |
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Preferences

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| **What will you need to do to achieve your goals? What can we do to help you? What steps can be taken to reach your goals?** |  | **Staff Use Only** |
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| 1.  2.  3.  4.  5.  6. |  |
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Staff Use Only

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| **Presenting Problem/Precipitating Factors** | | | | | |
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| **Significant History/Functional Status/Physical Condition** | | | | | |
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| **Mental Status** | **Motor Activity, Behavior, Appearance, Mood, Affect, Sleep, Appetite** | | |  | |
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| **Orientation, Memory, Cognitive, Insight/Judgment, Hallucinations, Delusions, Thought Processes** | | |  | |
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| **Suicidal Ideations**   1- Denies  2- Voices  **Intent/Plan**   1- Denies  2- Voices | | | **Homicidal Ideations**   1- Denies  2- Voices  **Intent/Plan**   1- Denies  2- Voices | | **Implicit Contract** |
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| **Diagnostic Impression** | | **Axis I** | | | **Axis III** |
| **Axis I** | | | **Axis IV Psychological Stressors** |
| **Axis II** | | | **Axis V: Current GAF Highest GAF in Past Year** |
| **Prognosis**  1- Good  2- Fair   3- Guarded  4- Poor | | | | **Estimated Length of Stay** | |
| **Homework** | | | | | |
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