

New York State Office of Addiction Services and Supports  
PROBLEM GAMBLING TREATMENT ADMISSION REPORT

Provider Number \_\_\_\_\_ Program Number \_\_\_\_\_

Client ID \_\_\_\_\_ Special Project Code (See instructions): \_\_\_\_\_

Sex (at birth)  Male  Female  X Birth Date \_\_\_/\_\_\_/\_\_\_ Last 4 SSN \_\_\_\_\_ Last Name 2 Char \_\_\_\_\_  
(Birth Name)

Admission Date \_\_\_/\_\_\_/\_\_\_

---

**LOCADTR Information**

Assessment ID \_\_\_\_\_

Created Date (Month/day/year)

**Primary ICD-10 Diagnosis Code (Select one. Enter additional code if selecting Z72.6. Skip if significant other)**

- F63.0 Pathological Gambling  
 Z72.6 Gambling and Betting and F\_\_\_\_.\_\_\_\_\_

Significant Other  Yes  No

No of Assessment Visits: \_

**Sexual Orientation**

- Straight  
 Gay  
 Lesbian  
 Bisexual  
 Don't know/Not Sure

**Gender Id entity**

- Non transgender  
 Transgender- male to female  
 Transgender-female to male  
 Transgender-other  
 Don't know/Not Sure  
 Didn't Answer

---

**Race**

- Alaska Native  
 American Indian  
 Asian  
 Black or Africa American  
 Hawaiian or Other Pacific Islander  
 White  
 Other

**Hispanic Origin**

- Cuban  
 Mexican  
 Puerto Rican  
 Other Hispanic  
 Hispanic, Not Specified  
 Not of Hispanic Origin

---

Veteran Status  Yes  No

---

Zip Code of Residence \_\_\_\_\_ (If Canada, enter "88888") County of Residence \_\_\_\_\_

**Type of Residence**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Private Residence         | <input type="checkbox"/> SUD Community Residence/<br>Part 820 Reintegration-Congregate | <input type="checkbox"/> Institution, Other (e.g., hospital)          |
| <input type="checkbox"/> Homeless, Shelter         | <input type="checkbox"/> MH/DD Community Residence                                     | <input type="checkbox"/> Residential Services for<br>SUD/Scatter-Site |
| <input type="checkbox"/> Homeless, No Shelter      | <input type="checkbox"/> Other Group Residential Setting                               | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Single Resident Occupancy |  |   |

---

**Principle Referral Source**

**Criminal Justice Services**

- |   |  |
|---|--|
| <input type="checkbox"/> Gambling Court   | <input type="checkbox"/> Family Court/Probation                                      |
| <input type="checkbox"/> Drug Court   | <input type="checkbox"/> Other Court/Probation                                       |
| <input type="checkbox"/> NYS Department of Correctional and Community<br>Supervision-Parole | <input type="checkbox"/> Alternatives to Incarceration                               |
| <input type="checkbox"/> Impaired Driver Referral   | <input type="checkbox"/> City/County Jail  |
| <input type="checkbox"/> Police   | <input type="checkbox"/> NYS Department of Correctional and Community<br>Supervision |

New York State Office of Addiction Services and Supports  
**PROBLEM GAMBLING TREATMENT ADMISSION REPORT**

Office of Children and Family Services

**Self, Family, Other Problem Gambling Service**

- Self-Referral
- Spouse
- Family, Friends, Other individual
- Problem Gambling Self-help Group Meetings
- Substance use Self-help Group Meetings
- HOPELine
- Financial Counseling
- Crisis Services
- Problem Gambling Outpatient Service
- PG\* Inpatient Program/Residential
- Other PG Program

**Substance Use Disorder Treatment**

- SUD Medically Managed Detoxification
- SUD Medically Supervised Withdrawal Inpatient/Res
- SUD Medically Withdrawal Outpatient
- SUD Med. Monitored Withdrawal/Part 820 Stabilization
- SUD Inpatient Rehabilitation
- SUD Intensive Residential/Part 820 Rehabilitation
- Residential Rehabilitation Services for Youth (RRSY)
- SUD Community Residence Part 820 Reintegration Congregate
- SUD Outpatient Clinic
- SUD Outpatient Rehab Program
- SUD Opioid Treatment

**Prevention/Intervention Services**

- Student Assistance Program/School based

- Employee Assistance Program
- Youth Education and Intervention (non-SAP)
- Hospital and Health Care Intervention Services
- Other Prevention/Intervention Program

**Health Care Services**

- Developmental Disabilities Program
- Mental Health Provider
- Managed Care Provider
- Health Care Provider
- AIDS Related Services

**Employer/Educational/Special Services**

- Employer/Union (Non-EAP)
- School (other than Prevention Program)
- Special Services (Homeless/Shelters)

**Social Services**

- Local Social Services-Child Protect Services/CWA
- Local Social Services Dist-Income Maintenance
- Local Social Services Dist Mandate/Public Assistance
- Local Social Services Dist Mandate/Medicaid Only
- Other Social Services Provider

**Recovery Support Services**

- Recovery Community and Outreach Center
- Youth Clubhouse
- Peer Advocate
- Open Access Center
- Family Navigator
- Regional Addiction Resource Center

**Other**

**Highest Grade Completed**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> No Education    | <input type="checkbox"/> 7 <sup>th</sup>     | <input type="checkbox"/> General Equivalency Diploma (GED) | <input type="checkbox"/> Some College-No Degree |
| <input type="checkbox"/> 1 <sup>st</sup> | <input type="checkbox"/> 8 <sup>th</sup>     | <input type="checkbox"/> Vocational Cert w/o Diploma/GED   | <input type="checkbox"/> Associates Degree      |
| <input type="checkbox"/> 2 <sup>nd</sup> | <input type="checkbox"/> 9 <sup>th</sup>     | <input type="checkbox"/> Vocational Cert w/Diploma/GED     | <input type="checkbox"/> Bachelor's Degree      |
| <input type="checkbox"/> 3 <sup>rd</sup> | <input type="checkbox"/> 10 <sup>th</sup>    |  | <input type="checkbox"/> Graduate Degree        |
| <input type="checkbox"/> 4 <sup>th</sup> | <input type="checkbox"/> 11 <sup>th</sup>    |  |   |
| <input type="checkbox"/> 5 <sup>th</sup> | <input type="checkbox"/> High School Diploma |  |   |
| <input type="checkbox"/> 6 <sup>th</sup> |  |  |   |

**Employment Status**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Employed Full Time-35+ hrs/wk    | <input type="checkbox"/> Not in Labor Force, Child Care issues | <input type="checkbox"/> Not in Labor Force, Other                                      |
| <input type="checkbox"/> Employed Part-time <35 hrs/wk    | <input type="checkbox"/> Not in Labor Force, Disabled          | <input type="checkbox"/> Social Services Work Exp Program                               |
| <input type="checkbox"/> Employed in Sheltered Workshop   | <input type="checkbox"/> Not in Labor Force, In Training       | <input type="checkbox"/> Social Services Determined, Not Employed/Able to Work          |
| <input type="checkbox"/> Unemployed in Treatment          | <input type="checkbox"/> Not in Labor Force, Retired           | <input type="checkbox"/> Social Services Determined, Unable to work, mandated treatment |
| <input type="checkbox"/> Unemployed looking for Work      | <input type="checkbox"/> Not in Labor Force, Student           |   |
| <input type="checkbox"/> Unemployed, not looking for work |  |   |

**Industry of Employment**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> None               | <input type="checkbox"/> Financial Services            | <input type="checkbox"/> Travel/Hospitality |
| <input type="checkbox"/> Business           | <input type="checkbox"/> Manufacturing                 | <input type="checkbox"/> Government         |
| <input type="checkbox"/> Computer           | <input type="checkbox"/> Wholesale/Retail/Distribution | <input type="checkbox"/> Military           |
| <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Transportation                | <input type="checkbox"/> Aerospace          |

New York State Office of Addiction Services and Supports  
**PROBLEM GAMBLING TREATMENT ADMISSION REPORT**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Health Care/Medical | <input type="checkbox"/> Architecture/Construction/Real Estate | <input type="checkbox"/> Social Services   |
| <input type="checkbox"/> Insurance/Legal     | <input type="checkbox"/> Agriculture                           | <input type="checkbox"/> Sales             |
| <input type="checkbox"/> Education           | <input type="checkbox"/> Religious                             | <input type="checkbox"/> Gambling Industry |
| <input type="checkbox"/> Utilities           |  |  |

**Annual Household Income**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Less than \$15,000  | <input type="checkbox"/> \$30,001 - \$50,000 | <input type="checkbox"/> \$75,001 - \$100,000 |
| <input type="checkbox"/> \$15,000 - \$30,000 | <input type="checkbox"/> \$50,001 - \$75,000 | <input type="checkbox"/> More than \$100,00   |

**Marital Status**  Married  Never Married  Living as Married  Separated  Divorced  Widowed

---

**Criminal Justice Status**

- |  |   |
|--|---|
| <input type="checkbox"/> None  | <input type="checkbox"/> Probation – ATI                        |
| <input type="checkbox"/> Pre-Court Sentence (non ATI Alternative to Incarceration) | <input type="checkbox"/> Other ATI Alternative to Incarceration |
| <input type="checkbox"/> Pre-Court Sentence – ATI                                  | <input type="checkbox"/> Correctional-Based Setting             |
| <input type="checkbox"/> Probation – non ATI                                       | <input type="checkbox"/> Post Correctional Supervision          |

---

**Has client attended or received services for any reason from:**

- Yes  No Self-Help  
 Yes  No Other Gambling Program  
 Yes  No Financial and/or Credit Counseling Service

---

**For the next four areas enter "0" or none if the client is being admitted as a Significant Other.**

**Type(s) of Gambling Engaged In**

**Primary**

- |   |  |
|---|--|
| <input type="checkbox"/> None   | <input type="checkbox"/> Commercial Casinos (Tioga, DellLago Resorts, World-Catskills, Rivers,etc) |
| <input type="checkbox"/> Cards  | <input type="checkbox"/> Sports Betting at Casino  |
| <input type="checkbox"/> Horses   | <input type="checkbox"/> Mobile Sports Betting (MSB)   |
| <input type="checkbox"/> Dogs/Other Animals   |  |
| <input type="checkbox"/> Sports   |  |
| <input type="checkbox"/> Dice Games/Coin flips                                      |  |
| <input type="checkbox"/> Slot Machines  |  |
| <input type="checkbox"/> Roulette   |  |
| <input type="checkbox"/> Video Lottery Terminal(VLT)                                |  |
| <input type="checkbox"/> Lottery (Numbers, Scratch-offs, Quick Draw)                |  |
| <input type="checkbox"/> Bingo  |  |
| <input type="checkbox"/> Stock/Commodities Market                                   |  |
| <input type="checkbox"/> Game of Skill for Money (video games, bowling, pool, etc.) |  |
| <input type="checkbox"/> Raffles (including 50/50) or pull tabs                     |  |
| <input type="checkbox"/> Office Pools   |  |
| <input type="checkbox"/> Other  |  |
| <input type="checkbox"/> Native American (Turning Stone, Seneca, Akwesasne,etc.)    |  |
| <input type="checkbox"/> Gambling on the Internet (eGaming)                         |  |

New York State Office of Addiction Services and Supports  
**PROBLEM GAMBLING TREATMENT ADMISSION REPORT**

**Primary Frequency**  No use in last 30 days  1-3 times last 30 days  1-2 times per week  3-6 times per week  Daily

**Primary – Age First Gambled** \_\_ \_\_

**During the past 30 days, what amount of money did you spend on a typical day of gambling?** \$ \_\_ \_\_ \_\_ \_\_ \_\_

**During the past 30 days, how much time did you usually spend on a typical day of gambling?** \_\_ \_\_ hrs \_\_ \_\_ min.

**During the past 30 days, on how many days did you gamble?** \_\_ \_\_ days

**Gambling Locations(s) during the last 12 months** *(check all that apply)*

<input type="checkbox"/> None <i>(Significant Other Only)</i>	<input type="checkbox"/> Off-Track Betting (OTB)	<input type="checkbox"/> Home
<input type="checkbox"/> Casino	<input type="checkbox"/> Bookie	<input type="checkbox"/> Church/Community Site
<input type="checkbox"/> Race track	<input type="checkbox"/> Bar/Restaurant	<input type="checkbox"/> Other
<input type="checkbox"/> Grocery/Convenience Store	<input type="checkbox"/> Work	
<input type="checkbox"/> Internet	<input type="checkbox"/> School	

**Type(s) of Presenting Gambling-Related Problems at Admission** *(Check all that apply)*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Employment/Education                      | <input type="checkbox"/> Significant Debt                    | <input type="checkbox"/> Anxiety                      |
| <input type="checkbox"/> Marital or Relationship Problems          | <input type="checkbox"/> Embezzlement                        | <input type="checkbox"/> Other Mental Health Problems |
| <input type="checkbox"/> Bankruptcy                                | <input type="checkbox"/> Physical Health Problems            | <input type="checkbox"/> Other Legal                  |
| <input type="checkbox"/> Borrowing or Theft from Relatives/Friends | <input type="checkbox"/> Suicidal Ideation/Thoughts/Attempts | <input type="checkbox"/> Arrest                       |
| <input type="checkbox"/> Losing Savings/Retirement                 | <input type="checkbox"/> Depression                          | <input type="checkbox"/> Incarceration                |

**Score on Admission Administration of the DSM V Gambling Disorder Form:** \_\_ \_\_

**Date of Admission Administration** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

**Substance Use Disorder** *(Primary Substance Use – if no substance mis-use, check “None” for each)*

**Primary Substance**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> None              | <input type="checkbox"/> Other Opiate/Synthetic    | <input type="checkbox"/> GHB                | <input type="checkbox"/> Ephedrine        |
| <input type="checkbox"/> Alcohol           | <input type="checkbox"/> Alprazolam (Xanax)        | <input type="checkbox"/> Khat               | <input type="checkbox"/> Inhalant         |
| <input type="checkbox"/> Cocaine           | <input type="checkbox"/> Barbiturate               | <input type="checkbox"/> Other Tranquilizer | <input type="checkbox"/> Ketamine         |
| <input type="checkbox"/> Crack             | <input type="checkbox"/> Benzodiazepine (Klonopin) | <input type="checkbox"/> Methamphetamine    | <input type="checkbox"/> Rohypnol         |
| <input type="checkbox"/> Marijuana/Hashish | <input type="checkbox"/> Catapres (Clonidine)      | <input type="checkbox"/> Other Amphetamine  | <input type="checkbox"/> Over the Counter |
| <input type="checkbox"/> Heroin            | <input type="checkbox"/> Other Sedative/Hypnotic   | <input type="checkbox"/> Other Stimulant    | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Buprenorphine     | <input type="checkbox"/> Elavil                    | <input type="checkbox"/> PCP                |   |
| <input type="checkbox"/> Non-RX Methadone  |  | <input type="checkbox"/> Ecstasy            |   |
| <input type="checkbox"/> OxyContin         |  | <input type="checkbox"/> Other Hallucinogen |   |

**Primary Route**  Inhalation  Injection  Oral  Smoking  Other  Vaping

**Primary Frequency**  No use in last 30 days  1-3 times last 30 days  1-2 times per week  3-6 times per week  Daily

**Primary Age of First Use** \_\_ \_\_

New York State Office of Addiction Services and Supports  
PROBLEM GAMBLING TREATMENT ADMISSION REPORT

---

**Nicotine**

Smoked tobacco in last week: Yes No

Used smokeless tobacco in last week: Yes No

---

**Mental Health-Related Conditions**

Intellectual Disability/Developmental Disability Yes No Co-existing Psychiatric Disorder Yes No

---

**History of Mental Health Treatment**

Ever Treated for Mental Illness Yes No

Ever Hospitalized for Mental Illness Yes No

Ever Hospitalized 30 or More Days for Mental Illness Yes No

---