

NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS

PROVIDER NUMBER

Enter the five-digit provider number assigned by OASAS that identifies the treatment service provider.

PROGRAM NUMBER

Enter the five-digit number assigned by OASAS which identifies the PRU (Program Reporting Unit) the client is being admitted to.

CLIENT ID INFORMATION

CLIENT ID

The client identification number selected by the program may contain a maximum of 10 alphanumeric digits. The number may be entered using any of the available 10 spaces.

The identification number is assigned by the program to ensure that each client entering the program has an unduplicated client identification number. Do not use the client's social security number as the client ID number.

SPECIAL PROJECT CODE

This item should be left blank unless a code has been issued for a special project and approved by OASAS.

SEX (at birth)

Enter gender Male, Female, or X, as documented on birth certificate. If the client is transexual, use gender that was recorded at time of birth.

BIRTH DATE

Enter two digits each for the month and day and four digits for the year of birth (e.g., March 8, 1948, would be 03/08/1948).

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

Enter the last four digits of the **client's** social security number (SSN), as assigned by the Social Security Administration. In the event that the client does not have a SSN, enter 0000. If another person is providing insurance coverage, be sure to use the client's SSN, not the SSN of the insured. Please be sure that the numbers are entered in the correct order. **These numbers are critical to OASAS' ability to track clients as they move through the treatment system.**

Last Name 2 Char (FIRST TWO LETTERS OF LAST NAME AT BIRTH)

Enter the first two letters of the client's last name at **birth** (Smith = SM, O'Brien = OB). For clients who have changed their last name, use their **BIRTH** name (e.g., Maiden Name).

ADMISSION DATE

The Admission Date is the date of the first treatment service following the level of care determination. For purposes of reporting, a client may not be admitted more than once in a calendar day.

**NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS**

LOCADTR INFORMATION

Please note that the Consent to Release of Information Concerning Alcoholism/Drug Abuse Client LOCADTR Assessment (TRS-62) applies to LOCADTR data entry. GDS data entry is still required even if a client declines to sign the above identified form

Both **Assessment ID** and **Created Date** are optional items and can be entered at the program's discretion.

ASSESSMENT ID

Gambling Admission should utilize the LOCADTR for Gambling. The Gambling Level of Care for Alcohol and Drug Treatment Referral (LOCADTR) Assessment ID will be generated at the administration of the LOCADTR for gambling to substantiate the clinical rationale for admission. The most recent Assessment ID should be documented. It can be found on the Assessment Dashboard page of the LOCADTR for Gambling and is the first column next to client name. The assessment ID will appear on the assessment table located on the LOCADTR dashboard only for the clinician who completed the assessment. If a person uses the "Other Clinicians" option to retrieve this information, the CSV file will need to be downloaded to get the Assessment ID number. The use of the LOCADTR for Gambling has been mandated for all OASAS certified substance use disorder treatment providers to be utilized to determine the most appropriate level of care for a client and therefore it must be utilized for all admissions, transfers, transitions, and discharges. Further information on the Gambling LOCADTR can be found at <https://oasas.ny.gov/locadtr> scroll down the page to find the Gambling LOCADTR information

CREATED DATE

The Created Date is the date the Gambling LOCADTR assessment which supports this admission was created. Enter Month, day, and year, e.g., March 1,2022

Primary ICD-10 Diagnosis Code

Select one of the following primary diagnosis codes:

F63.0 Pathological Gambling or Z72.6 Gambling and Betting. If Z72.6 is selected, then report the accompanying F code.

Skip this section if client is being admitted as a significant other.

SIGNIFICANT OTHER

Enter one of the following:

Yes (The client is being admitted as a Significant Other; not for treatment of their own problem gambling.

No (The client is being admitted for treatment of their own problem gambling not as a Significant Other.)

"Significant Other" means an individual who is related to, a close friend of, associated with, or directly affected by, a compulsive gambler. Gambling treatment should include services to the significant others of those who are compulsive gamblers, in recognition that addiction

**NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS**

*has a significant negative impact on such individuals. Significant Others may be admitted to the treatment service as individuals, regardless of whether the addicted person is in treatment, or they may be treated as part of a family. **If a person is experiencing problems with gambling and requires treatment, they should not be admitted as a Significant Other.***

NUMBER OF ASSESSMENT VISITS

Enter the actual number of visits or days spent conducting an assessment prior to treatment. An **assessment visit** is a visit to the program with the purpose of determining need for services and the visit occurs prior to, or on the same day as, (1) an admission for treatment services, (2) referral to another provider for problem gambling, or (3) another disposition or termination of the assessment process.

If no assessment visits were provided, enter "0."

SEXUAL ORIENTATION

Sexual orientation is a person's primary physical, romantic, and/or emotional attraction to members of the same and/or opposite sex. Enter the client's sexual orientation as self-disclosed.

Straight Used when a person's primary physical, romantic, and/or emotional attraction is to someone of the opposite sex. Also referred to as heterosexual.

Gay Used to describe a person, although generally referring to a male, who has a primary physical, romantic, and/or emotional attraction to someone of the same sex.

Lesbian Used when a woman's primary physical, romantic, and/or emotional attraction is to other women.

Bisexual Used to describe an individual who is physically, romantically, and/or emotionally attracted to both men and women. "Bisexual" does not suggest having equal sexual experience with both men and women.

Don't know/Not Sure Select this option if the client is unsure or undecided.

Didn't Answer Select this option if the client does not want to answer this question.

GENDER IDENTITY

Gender identity refers to the client's inner sense of being male or female which may or may not correspond to the client's physical body or designated gender at birth.

Non transgender A person identifies with the same gender as gender at birth.

Transgender- male to female A person born into a male body, but who feels or lives as a female.

Transgender-female to male A person born into a female body, but who feels or lives as a male.

Transgender-other A person who identifies as transgender, but who may not identify as male or female. This includes people who identify as gender fluid, bigender, agender, androgynous, genderqueer, etc. Exact definitions of these terms vary from person to person and may change over time, but often include a sense of blending or alternating genders. Some people who use these terms to describe themselves see traditional, binary concepts of gender as restrictive.

Don't Know/Not Sure Select this option if the client is unsure or undecided.

Didn't answer Select this option if the client does not want to answer this question.

**NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS**

DEMOGRAPHICS

RACE

Based on staff observation and/or client self-identification, enter the appropriate race. If the client is racially mixed, enter the race with which he/she identifies.

Alaska Native (Aleut, Eskimo, Indian)

A person having origins in any of the native people of Alaska.

American Indian (Other than Alaska Native)

A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.

Asian

A person having origins in any of the original people of the Far East, Indian Subcontinent, Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand and Vietnam.

Black or African American

A person having origins in any of the black racial groups of Africa.

Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White

A Caucasian person having origins in any of the people of Europe (including Portugal), North Africa, or the Middle East.

Other

A category for use when the client is not classified above or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.

HISPANIC ORIGIN

Indicate the most appropriate origin.

Cuban

A person of Cuban origin, regardless of race.

Mexican

A person of Mexican origin, regardless of race.

Puerto Rican

A person of Puerto Rican origin, regardless of race.

Other Hispanic

A person from Central or South America, including the Dominican Republic, and all other Spanish cultures and origins (including Spain), regardless of race.

Hispanic, Not Specified

A person of Hispanic origin, but specific origin is not known or not specified.

Not of Hispanic Origin

A person whose origin is not Hispanic and is not included in the five categories above.

NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS

VETERAN STATUS

Enter **Yes** or **No**.

A veteran is any person who has served on active duty in the armed forces of the United States, including the Coast Guard. Not counted as veterans are those whose only service was in the Reserves, National Guard or Merchant Marines and were never activated. For purposes of reporting, “veteran” does not in any way reflect the type of military discharge received.

ZIP CODE OF RESIDENCE

Enter the five-digit zip code for the client’s county residence. If the client is homeless and does not live in a shelter, use the program’s zip code. If the client is homeless and lives in a shelter, use the shelter’s zip code. **For Canada, use 88888.**

COUNTY OF RESIDENCE

From the drop-down list, click on the NY county or any of the listed border states. If the zip code for Canada was entered (88888), click on “Canada.” If the client’s zip code is outside of these geographic areas, the user should click on “Other” from the drop-down list.

Connecticut
New Jersey
Pennsylvania
Massachusetts
Vermont
Other
Canada

TYPE OF RESIDENCE

Enter the category that best describes the client’s type of residence at the time of admission. When a client is admitted directly from a substance use disorder or other inpatient or residential facility, report the type of residence immediately prior to the first episode of **treatment** in the sequence (i.e., where the client lived in the community prior to entering treatment).

Private Residence

Homeless: shelter (includes a person or family who is undomiciled, has no fixed address, lacks a regular nighttime residence, and is residing in some type of temporary accommodation, i.e., hotel, shelter, residential program for the victims of domestic violence).

Homeless: no shelter (includes a person or family who is undomiciled, has no fixed address, lacks a regular nighttime residence, and circulates among acquaintances or is residing in a place not designed or originally used as a regular sleeping accommodation for human beings.)

Single Resident Occupancy (hotel, rooming house, adult home, or residence for adults)

**NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS**

SUD Community Residence/Part 820 Reintegration-Congregate A community living experience in one location with onsite staff available seven days a week, twenty-four hours a day, such as a community residence or Part 820 residential program.

MH/DD Community Residence

Other Group Residential setting (Other Group Residential may include group homes, supervised apartments, college housing or military barracks.)

Institution, Other than above (e.g., jail, hospital)

Residential Services for SUD/Scatter-Site A Community living experience where housing is provided at various locations where staff provide, at a minimum, case management and supervision through weekly in-house visits. Examples include supportive living or Part 820 residential programs with a reintegration setting of scatter-site.

Other

PRINCIPAL REFERRAL SOURCE

Indicate which agency, individual, or legal entity referred the client. If the client may be included under more than one, choose the category that represents the agency, individual or legal situation most responsible for the client seeking treatment in this program.

Criminal Justice Services

Gambling Court Gambling courts are special court programs within the county, city or town court system. It is a therapeutic, intervention and rehabilitative approach within the criminal justice system and under judicial supervision for defendants who commit non-violent crimes because of gambling addiction. All referrals coming from the gambling court, *even if under the jurisdiction of the County Probation Department*, should be put in this category.

Drug Courts Drug courts are special court programs within the county, city or town court system. The drug court's responsibility is to handle cases involving drug using offenders through supervision and a treatment program. All referrals coming from the drug court, *even if under the jurisdiction of the County Probation Department*, should be put in this category.

NYS Department of Correctional and Community Supervision - Parole

Impaired Driver Referral A direct referral from the Department of Motor Vehicles' Drinking Driver Program (DDP), or a self-referral resulting from a specific Driving While Intoxicated (DWI) or Driving While Ability Impaired (DWAI) law enforcement incident (*which could involve alcohol and/or drugs*). *All DWI/DWAI referrals belong in this category regardless of related criminal justice status.*

Police A direct referral from a municipal, town, county or state police agency, including the sheriff's department. However, this does not include referrals from jails, which are normally operated by a sheriff, which should be reported using "City/County Jail." In all cases this will be before, or in lieu of, adjudication.)

Family Court/Probation Family Court has jurisdiction over all juvenile cases (under the age of 16), except for JOs (juvenile offenders). It also has jurisdiction over neglect and some domestic violence cases. Referrals may come from Probation or as a condition from the court.

Other Court/Probation This would include town, city, criminal, supreme and county courts. *It does not include referrals from a gambling court, drug court or drug treatment*

**NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS**

court. Referrals, in this category, will come directly from the court in lieu of sentencing to a jail or prison. This category also includes all referrals from the County Probation Department that are court-ordered as a condition of probation or directly from Probation for probationers where the determination is treatment.

Alternatives to Incarceration Other than gambling court and drug court, a placement from an alternative to incarceration program operating in the court system, such as the New York City based Drug Treatment Alternative to Prison (DTAP) program or Treatment Alternative to Street Crime (TASC) or Road to Recovery. *This does not include DWI or DWAI cases which should be reported in “Drinking Driver-Referral.”*

City/County Jail This would include referrals for detainees and sentenced offenders that are referred by local jail personnel (including personnel working in the jail for other agencies) for treatment provided in the community or jail itself. This does not include the NYS Department of Correctional Services (DOCS).

NYS Department of Correctional Services and Community Supervision. This category is for use only for those offenders that are under the jurisdiction of the State prison system (DOCS), either within the prison or who are receiving treatment off-site, as part of a work release program. *It does not include offenders who are under the jurisdiction of the Division of Parole, such as the Willard Drug Treatment Campus, which should be reported as “NYS Division of Parole.”*

Office of Children and Family Services (OCFS) (A direct referral of a youth from an OCFS facility)

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

Problem Gambling Inpatient/Residential

Other Problem Gambling Program

Substance Use Disorder Treatment

SUD Medically Managed Detoxification

SUD Medically Supervised Withdrawal Inpatient/Residential

SUD Medically Supervised 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

*** SUD= Substance Use Disorder**

**NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS**

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 Protective Services/CWA
Local Social Services District – Income Maintenance
Local Social Services District Mandate/Public Assistance** The referral was made by a local social services district, or an authorized agent acting on its behalf, following an assessment by an OASAS credentialed individual who has determined that the individual’s problem gambling or substance use precludes participation in work at the time of referral and is mandated to treatment as a condition for continued receipt of Public Assistance.
**Local Social Services District Mandate/Medicaid Only
Other Social Services Provider**

Recovery Support Services (For a definition of these services and other information, please refer to the following link: [Regional Services](#))

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

Other Select this code if the source of referral cannot reasonably be reflected by any of the codes above

HIGHEST GRADE COMPLETED

Enter the client’s highest grade **completed at the time of admission.**

No Education

01 to Grade 11- Enter grade completed

**NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS**

High School Diploma

General Equivalency Diploma (GED)

Vocational Certificate w/o Diploma/GED (A Vocational Certificate is any certificate received as a result of vocational training or special skill trade.)

Vocational Certificate w/Diploma/GED

Some College - No Degree

Associates Degree

Bachelor's Degree

Graduate Degree

EMPLOYMENT STATUS

Indicate the client's employment status at time of admission. If a client may be counted in more than one category, choose the status which most appropriately indicates their employment status, except for individuals attending primary or secondary school. See examples below **A client working off-the-books or in a volunteer position is not considered employed.**

Employed Full-Time (35 + Hrs per Week) Use this status for active military personnel.

Employed Part-Time (<35 Hrs per Week)

Employed in Sheltered Workshop

Unemployed, In Treatment The reason the client is unemployed is that immediately prior to this admission, the client was in a long-term residential treatment program.

Unemployed, Looking for Work This status should only be used if the client has *actively* sought employment within the last 30 days.

Unemployed, Not Looking for Work Programs may use this status for clients who are working off-the-books or in a volunteer position.

Not in Labor Force—Child Care issues

Not in Labor Force—Disabled For public assistance purposes, the client has been assessed as disabled and is not required to work pending the results of an application for SSI benefits.

Not in Labor Force—In Training To be used when a client is unemployed but taking part in a formal training program such as a program via ACCES-VR, Department of Labor, BOCES, etc. This includes if a client has a scheduled appointment to engage in a program at one of the above-mentioned training programs.

Not in Labor Force—Retired

Not in Labor Force—Student Use this status if the client is engaged in school, including postsecondary education or GED studies, and is not employed or if the client is employed, but engaged in primary or secondary education (K-12).

Not in Labor Force—Other

Social Services Work Experience Program (WEP) A specific set of work/work related tasks to which a public assistance recipient is assigned for a specific number of hours per week by a local social services district as a condition for receipt of a public assistance grant and/or related benefit.

Social Services Determined, Not Employed/Able to Work The client is seeking or is on Public Assistance and has been assessed by treatment program staff or an OASAS credentialed individual acting on behalf of a local Social Services District as able to engage in work but is not employed at the time of discharge.

**NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS**

Social Services Determined, Unable To Work, Mandated Treatment The client has been assessed by an OASAS credentialed individual acting on behalf of a local Social Services District as unable to work and is in treatment as a condition for receiving public assistance.

INDUSTRY OF EMPLOYMENT

Indicate the category which most closely corresponds to client’s industry of employment, either currently or in the 30-day period prior to admission.

- | | | |
|--------------------------------------|----------------------------|--|
| None | Travel/Hospitality | Architecture/Construction/Real Estate |
| Business | Government | Estate |
| Computer | Military | Agriculture |
| Telecommunications | Aerospace | Religious |
| Financial Services | Health Care/Medical | Social Services |
| Manufacturing | Insurance/Legal | Sales |
| Wholesale/Retail/Distribution | Education | Gambling Industry |
| Transportation | Utilities | |

ANNUAL HOUSEHOLD INCOME

Indicate the range in which the household income falls.

- | | | |
|---------------------|---------------------|----------------------|
| Less than \$15,000 | \$30,001 - \$50,000 | \$75,001 - \$100,000 |
| \$15,000 - \$30,000 | \$50,001 - \$75,000 | More than \$100,000 |

MARITAL STATUS

Enter the current marital status of the client. A person whose only marriage was annulled should be classified as Never Married. A status of Separated includes legal separation as well as informal separations.

- Married**
- Never Married**
- Living as Married**
- Separated**
- Divorced**
- Widowed**

CRIMINAL JUSTICE INFORMATION

Please use the code that most closely reflects the client’s criminal justice status at the time of admission. Note that both “Pre-Court Sentence” and “Probation” have separate codes for alternative to incarceration and non-alternative to incarceration situations.

- None**
- Pre-Court Sentence (non-Alternative to Incarceration)**
 - In jail awaiting sentence
 - DMV Drinking Driver Program
 - Other similar categories excluding Probation
- Pre-Court Sentence (Alternative to Incarceration)**

**NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS**

Conditional release (e.g., DTAP)

Federal pre-trial

Road to Recovery (non-Parole)

Probation (non-Alternative to Incarceration)

Supervised by Probation

Persons in Need of Supervision

Probation (Alternative to Incarceration)

Supervised by Probation

Other Alternative to Incarceration

Gambling Court, Drug Court, Family Drug Treatment Court or other drug court where the client sent to treatment without a pre-court sentence of probation supervision

Road to Recovery (Parole)

Federal Parole

Extended Willard

Correctional-Based Setting

Municipal/county jail (court sentenced only)

DOCS Correctional Facility

OFCS institutional facility

Federal correctional facility

Post-Correctional Supervision

DOCS community-based supervision (e.g., work release)

Mandated OCFS aftercare supervision

Parole mandated

Gambling and/or Financial Services Received (Check all that apply)

Indicate whether client has attended or received services for any reason from Gambling self-help, other Gambling Program(s), or 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

Identify primary type of gambling. Identification should be determined by clinical judgment, history and frequency, client's perception, medical issues and problem areas of client functioning with the type of gambling primarily responsible for the client's admission listed first. If the client is being admitted as a Significant Other, "None" must be selected.

None

Cards

Horses

Dogs/Other Animals

Sports

Dice Games/Coin flips (including craps, over and under, other dice games)

Slot Machines

Roulette

Video Lottery Terminal (VLT)

Lottery (Numbers, Scratch Offs, Quick Draw)

Bingo

Stock/Commodities Market

Game of Skill for Money (video games, bowling, pool, etc.)

Raffles (including 50/50)

Office Pools

Other

**NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS**

**Native American Casinos (Turning Stone, Seneca, Akwesasne, etc)
Gambling on the Internet (eGaming)
Mobile Sports Betting**

**Commercial Casinos (Tioga, DeLago Resorts World Catskills, Rivers, etc)
Sports Betting at Casinos**

FREQUENCY OF GAMBLING

Enter the frequency of gambling during the past month for each type reported.

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

AGE FIRST GAMBLER

Enter the age at which primary gambling was first done (use two digits for ages 00-99). If unknown, please estimate the probable age. **Do not enter 99 unless the person is 99 years of age.**

During the past 30 days, what amount of money did client spend on a typical day of gambling?

Enter the dollar amount that a client spent on a typical day of gambling during the past 30 days.

During the past 30 days, how much time did client spend on a typical day of gambling?

Enter the amount of time spent gambling on a typical day in hours and minutes.

During the past 30 days, on how many days did client gamble?

Enter the number of days that client gambled during the past 30 days.

GAMBLING LOCATIONS

From the list below, indicate all the locations where client gambled during the last 12 months. If the client is being admitted as a Significant Other, "None" must be selected.

**None (Significant Other Only)
Casino
Racetrack
Grocery/Convenience Store
Internet
Off-Track Betting (OTB)
Bookie**

**Bar/Restaurant
Work
School
Home
Church/Community Site
Other**

**NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS**

TYPES OF PRESENTING GAMBLING RELATED PROBLEMS

Indicate all the gambling related problems affecting client at time of admission.

Employment/Education
Marital or Relationship Problems
Bankruptcy
Borrowing or Theft from Relatives/Friends
Losing Savings/Retirement
Significant Debt
Embezzlement
Physical Health Problems
Suicidal Ideation/Thoughts/Attempts
Depression
Anxiety
Other Mental Health Problems
Other Legal
Arrest
Incarceration

GAMBLING DISORDER FORM ADMINISTRATION

Do not complete if client is being admitted as a Significant Other.

Enter the score from the DSM V Gambling disorder from ([Gambling Diagnostic Form \(ny.gov\)](http://www.ny.gov))

Enter the date of the admission administration of the form.

SUBSTANCE MISUSE

Primary substance of misuse determined by clinical judgment, history and frequency of use, client's perception, medical issues and problem areas of client functioning. client

TYPE

None

Alcohol

Cocaine

Crack (Crack is the street name for a more purified form of cocaine that is smoked.)

Marijuana/Hashish (This includes THC and any other cannabis sativa preparations.)

Heroin

Buprenorphine

Non-Rx Methadone (Methadone obtained and used without a legal prescription.)

OxyContin

Other Opiate/Synthetic (This includes Codeine, Dilaudid, Morphine, Demerol, Opium, and any other drug with morphine-like effects.)

Alprazolam (Xanax)

Barbiturate (This includes Phenobarbital, Seconal, Nembutal, etc.)

NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS

Benzodiazepine (This includes Diazepam, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Prazepam, Triazolam, Clonazepam, Klonopin, and Halazepam.)

Catapres (Clonidine)

Other Sedative/Hypnotic (This includes Methaqualone, Chloral Hydrate, Placidyl, Doriden, etc.)

Elavil

GHB

Khat

Other Tranquilizer

Methamphetamine (e.g., Ice)

Other Amphetamine (This includes Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs.)

Other Stimulant

PCP (Phencyclidine)

Ecstasy

Other Hallucinogen (This includes LSD, DMT, STP, Mescaline, Psilocybin, Peyote, etc.)

Ephedrine

Inhalant (This includes Ether, Glue, Chloroform, Nitrous Oxide, Gasoline, Paint Thinner, etc.)

Ketamine

ROHYPNOL

Over-the-Counter (This includes Aspirin, Cough Syrup, Sominex, and any other legally obtained, non-prescription medicine.)

Other

ROUTE OF ADMINISTRATION

Enter the usual route of administration for each substance reported.

Inhalation

Injection

Oral

Smoking

Other

Vaping

FREQUENCY OF USE

Enter the frequency of use during the past month for each substance reported.

No use in last 30 days

1-3 times in past month

1-2 times per week

3-6 times per week

Daily

AGE OF FIRST USE

Enter the age at which each problem substance was first used (use two digits for ages 00-99). For drugs other than alcohol, enter the age of first use. **For alcohol, enter the age of first intoxication.** If unknown, please estimate the probable age of first use. **Do not enter 99.**

**NYS Office of Addiction Services and Supports
PROBLEM GAMBLING TREATMENT ADMISSION REPORT
INSTRUCTIONS**

NICOTINE

Enter **Yes** or **No** whether client smoked tobacco in the last week.

Enter **Yes** or **No** whether client used smokeless tobacco in the last week.

MENTAL HEALTH RELATED CONDITIONS

Enter **Yes** or **No** to each of the following:

Intellectual Disability/Developmental Disability Describes a group of disorders, acquired before the age of 22, the predominant feature of which is a disturbance in the acquisition of cognitive, language, motor or social skills. If available, the IQ is less than 70.

Co-existing Psychiatric Disorder Refers either to a diagnosis of mental illness which is available to the clinician at the time of admission either by client report or records, or by presenting symptoms which the clinician recognizes as possibly being symptomatic of mental illness. The recognition of symptoms does not constitute a diagnosis on the part of the clinician but may indicate symptoms which need to be addressed in a treatment plan.

HISTORY OF MENTAL HEALTH TREATMENT

Enter **Yes** or **No** to each of the following:

Ever Treated for Mental Illness Involves the planned intervention designed to relieve the distress and/or disability associated with mental illness.

Ever Hospitalized for Mental Illness Means the admission to some type of hospital or inpatient facility for the treatment of the distress and/or disability associated with mental illness. **If “Yes,” “Ever Treated for Mental Illness” must be “Yes.”**

Ever Hospitalized 30 or More Days for Mental Illness Means the admission to some type of hospital or inpatient facility for the treatment of the distress and/or disability associated with mental illness for 30 or more consecutive days. **If “Yes” is entered, previous two items must be “Yes.”**