

Client Assessment Report

FOR ASSESSEMENTS DATED 10/01/2018 AND BEYOND

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

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

Sex (at birth):  Male  Female Birth Date: \_\_\_/\_\_\_/\_\_\_ Last 4 SSN: \_\_\_\_\_

Last Name 2 Letters: \_\_\_ (Birth Name) Assessment Date: \_\_\_/\_\_\_/\_\_\_\_\_

Number of Assessment Visits: \_\_\_

Admission Disposition:

- Admitted to SUD Treatment, Referred to Another SUD Treatment Unit Close, Case Pending Action of Referring Agency No, Treatment Necessary/Referred To Self-Help, etc., No Treatment Necessary, No SUD Referral, SUD=Substance Use Disorder, Treatment Recommendation Refused, Further Services Refused, Lost to Contact, Other

Optional Items

Significant Other:  Yes  No

- Race: Alaska Native, American Indian, Asian, Black or African American, Hawaiian or other Pacific Islander, White, Other

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

Veteran Status:  Yes  No

Zip Code of Residence: \_\_\_\_\_ (For Canada use 88888) County of Residence: \_\_\_\_\_

Type of Residence

- Private Residence, Homeless, Shelter, Homeless, No Shelter, Single Resident Occupancy, Residential Services for SUD/Congregate, Residential Services for SUD/Scatter-Site, MH/DD Community Residence, Other Group Residential Setting, Institution, Other (Jail, Hospital), Other

Living Arrangements:  Living Alone  Living w/ Non-Related Persons  Living with Spouse/ Relatives

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**Principal Referral Source**

**Criminal Justice Services**

- District Attorney
- Drug Court
- Probation
- Parole, general
- Parole Release, Shock
- Parole Release Willard
- Parole Release Resentence
- Impaired Driver Referral
- Police
- Family Court
- Other Court
- Alternatives to Incarceration
- City/County Jail
- NYS Department of Corrections and Community Supervision
- Office of Children and Family Services

**Self, Family, other**

- Self-Referral
- Family, Friends, Other Individual
- Self-Help Group
- HOPEline

**Substance Use Disorder (SUD)**

- SUD Program in New York State
- SUD Program Out of State
- SUD VA Program
- SUD Private Practitioner

**Prevention/Intervention Services**

- School-Based Prevention Program
- Community-Based Prevention Program
- Employee Assistance Program
- Other Prevention/Intervention Program

**Health Care Services**

- Developmental Disabilities Program
- Mental Health Provider
- Managed Care Provider
- Health Care Provider
- AIDS Related Services
- Primary Care Health Professional
- Comprehensive Psychiatric Emergency Program (CPEP)
- Hospital Emergency Department
- TBI Waiver

**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 Treatment Mandate/Public Assistance
- Local Social Services Dist Treatment Mandate/Medicaid Only
- Other Social Services Provider

**Recovery Support Services**

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

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- Other

**Highest Grade Completed**

No education

1st

2nd

3rd

4th

5th

6th

7th

8th

9th

10th

11th

High School Diploma

General Equivalency Diploma (GED)

Vocational Cert w/o Diploma/GED

Vocational Cert w/Diploma/GED

Some College-No degree

Associates Degree

Bachelors Degree

Graduate Degree

**Employment Status**

Employed Full Time-35+ hrs/wk

Employed Part Time-<35 hrs/wk

Employed in Sheltered Workshop

Unemployed, In Treatment

Unemployed, Looking for Work

Unemployed, Not looking for Work

Not in Labor Force, Child Care

Not in Labor Force, Disabled

Not in Labor Force, In Training

Not in Labor Force, Inmate

Not in Labor Force, Retired

Not in Labor Force, Student

Not in Labor Force, Other

Social Services Work Exp Program

Social Services Determined, Not

Employed/Able to Work

Social Services Determined, Unable to Work, Mandated Treatment

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**Primary Source of Income at Admission**

- None
- Wages/Salary
- Alimony/Child Support
- Department of Veterans Affairs
- Family and/or Spouse Contribution
- SSI/SSDI or SSA
- Safety Net Assistance (SNA)
- Temp Asst for Needy Families (TANF)
- Other

**Family History**

- Marital Status**     Married     Never Married     Living as Married     Separated     Divorced     Widowed
- Child of Someone Who Misuses Alcohol/Other Substances:**     No     Both     Child of Someone Who Misuses Alcohol     Child of Someone who Misuses Other Substances

**Number of children:** \_\_\_    **Number of children living with Client:** \_\_\_

**Criminal Justice Status**

- None
- Probation
- Parole
- Work Release
- In Prison/Jail
- In OCFS Facility
- Charges Pending
- Any Treatment or Specialty Court
- Other

**Number of Arrests in Prior 30 Days** \_\_\_

**Number of Arrests in Prior 6 Months** \_\_\_

**Number of Days Incarcerated in Prior 6 Months** \_\_\_

**Primary Substance**

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

- Primary Route:**     Inhalation     Injection     Oral     Smoking     Vaping     Other
- 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:** \_\_\_

**Secondary Substance**

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

- Secondary Route:**     Inhalation     Injection     Oral     Smoking     Vaping     Other
- Secondary Frequency:**     No use in last 30 days     1-3 times last 30 days     1-2 times per week
- 3-6 times per week     Daily
- Secondary Age of First Use:** \_\_\_

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**Tertiary Substance**

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

**Tertiary Route:**  Inhalation  Injection  Oral  Smoking  Vaping  Other  
**Tertiary Frequency:**  No use in last 30 days  1-3 times last 30 days  1-2 times per week  
 3-6 times per week  Daily  
**Tertiary Age of First Use:** \_\_\_ \_\_\_

**Physical Health-Related Conditions**

Pregnant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing Impairment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Acquired or Traumatic Brain Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobility Impairment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Major Physical Health Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sight Impairment:	<input type="checkbox"/> Yes <input type="checkbox"/> 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

**Six Months Prior to Admission**

No. Days in Inpatient Detox: \_\_\_ \_\_\_      No. of Emergency Room Episodes: \_\_\_ \_\_\_  
 No. of Days Hospitalized for Non-Detox Services: \_\_\_ \_\_\_  
 Reason for Hospitalization:  Medical  Psychiatric  Both

<b>For Provider Use (Optional)</b>		
Signature	Title	Date