

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 X 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

- 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

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

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: Yes/No, Hearing Impairment: Yes/No, Mobility Impairment: Yes/No, Sight Impairment: Yes/No, Speech Impairment: Yes/No, Acquired or Traumatic Brain Injury: Yes/No, Other Major Physical Health Condition: 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

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

For Provider Use (Optional)

Signature

Title

Date