

Client Assessment Report

FOR ASSESSEMENTS DATED 10/01/2018 AND BEYOND

Provider Number: _____ Program Number: _____

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:

- | | |
|---|---|
| <input type="checkbox"/> Admitted to SUD Treatment | <input type="checkbox"/> Treatment Recommendation Refused |
| <input type="checkbox"/> Referred to Another SUD Treatment Unit | <input type="checkbox"/> Further Services Refused |
| <input type="checkbox"/> Close Case Pending Action of Referring Agency | <input type="checkbox"/> Lost to Contact |
| <input type="checkbox"/> No Treatment Necessary/Referred To Self-Help, etc. | <input type="checkbox"/> Other |
| <input type="checkbox"/> No Treatment Necessary, No SUD Referral | |

SUD=Substance Use Disorder

Optional Items

Significant Other: Yes No

- Race**
- | | |
|---|--|
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American, Indigenous, or American Indian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Hawaiian or other Pacific Islander | <input type="checkbox"/> Some other race, ethnicity, origin |

- Asian Origin**
- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Asian Indian (East Indian) | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Japanese | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Korean | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Nepalese | <input type="checkbox"/> Asian, Not Specified |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Not of Asian Origin |

- Hispanic Origin**
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Hispanic, Latino/a/x, Not Specified |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Not of Hispanic Origin |
| <input type="checkbox"/> Puerto Rican | |

- Pacific Islander Origin**
- | | |
|------------------------------------|--|
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Pacific Islander, Not Specified |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Not of Pacific Island Origin |
| <input type="checkbox"/> Samoan | |

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Primary Language

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Hindi | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> Japanese | <input type="checkbox"/> Yiddish |
| <input type="checkbox"/> French | <input type="checkbox"/> Korean | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Polish | <input type="checkbox"/> Other |

Veteran Status: Yes No

Zip Code of Residence: ____ (For Canada use 88888) **County of Residence:** _____

Type of Residence

- | | |
|--|--|
| <input type="checkbox"/> Private Residence | <input type="checkbox"/> Other Group Residential Setting |
| <input type="checkbox"/> Homeless/Unstably Housed, Shelter | <input type="checkbox"/> MH/DD Community Residence |
| <input type="checkbox"/> Homeless/Unstably Housed, No Shelter | <input type="checkbox"/> County Operated or Other Local Jail |
| <input type="checkbox"/> Single Residence Occupancy | <input type="checkbox"/> DOCCS Operated Prison |
| <input type="checkbox"/> Residential Services for SUD/Congregate | <input type="checkbox"/> Institution, Other (Hospital, etc.) |
| <input type="checkbox"/> Residential Services for SUD/Scatter-Site | <input type="checkbox"/> Other |

Living Arrangements:

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

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Principal Referral Source

Criminal Legal System

Involvement

- District Attorney
- Drug Court
- Probation
- Parole, general
- 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)

Treatment

- 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 (e.g., 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

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

Employment Status

- | | | |
|---|--|---|
| <input type="checkbox"/> Employed Full Time-35+ hrs/wk | <input type="checkbox"/> Not in Labor Force, Child Care | <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, Inmate | <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, Retired | |
| <input type="checkbox"/> Unemployed, Not looking for Work | <input type="checkbox"/> Not in Labor Force, Student | |

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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 Legal System Involvement

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

Number of Criminal Arrests in Prior 30 Days ___

Number of Criminal 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 | |

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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: _ _ _

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