CLIENT ASSESSMENT REPORT

Provider Number: __ __ __ __ __ **Program (PRU) Number:** __ __ __ __ __ **Client ID:** __ __ __ __ __ __ __ __ __ __

Sex: ☐ Male ☐ Female **Birth Date:** __ __ /__ __/__ __ __ __ **Last 4 SSN:** __ __ __ __ **Last Name First 2 Char:** __ __

Assessment Date: __ __ / __ __ / __ __ __ __

Number of Assessment Visits: __ __

Admission Disposition:

☐ Referred to Another Alcohol/Substance Abuse Treatment Unit
☐ Close Case Pending Action of Referring Agency
☐ No Treatment Necessary/Referred To AA, etc.
☐ 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
☐ Native 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: __ __ __ __ __

Type of Residence:

☐ Private Residence
☐ Homeless, Shelter
☐ Homeless, No Shelter
☐ OASAS-certified Community Residence
☐ MH/MRDD Community Residence
☐ Single Resident Occupancy
☐ Other Group Residential Setting
☐ Institution, Other (Jail, Hospital)
☐ Other

Living Arrangements*: (Complete only for clients under the age of 19)*
☐ Living Alone ☐ Living w/ Non-Related Persons ☐ Living with Spouse/Relatives

Principal Referral Source:

☐ Self-Referral
☐ Family, Friends, Other Individuals
☐ AA/NA and Other Self-Help

Chemical Dependence Treatment
☐ CD Medically Managed Detoxification
☐ CD Medically Supervised Withdrawal Outpatient
☐ CD Medically Monitored Withdrawal
☐ CD Inpatient Rehabilitation
☐ CD Intensive Residential
☐ CD Residential Chemical Dependency Youth
☐ CD Outpatient Chemical Dependency Youth
☐ CD Community Residence
☐ CD Outpatient Clinic
☐ CD Outpatient Rehab Program
☐ CD Methadone Treatment
☐ CD Non-medically Supervised CD Outpatient

Prevention/Intervention Services
☐ Community Education and Intervention
☐ Youth Education and Intervention (non SAP)
☐ Student Assistance Program/School Based
☐ Hospital and Health Care Intervention Services
☐ Employee Assistance Program
☐ Other Prevention/Intervention Program

Criminal Justice Services
☐ Drinking Driver Referral
☐ Police
☐ Family Court/Probation
☐ Other Court/Probation
☐ Alternatives to Incarceration
☐ City/County Jail
☐ NYS Department of Correctional Services
☐ NYS Division of Parole
☐ Drug Courts
☐ Office of Children and Family Services

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)

CLIENT ASSESSMENT REPORT

Principal Referral Sources (continued):

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

☐ Other

Highest Grade Completed:

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

Employment Status:

☐ Employed Full Time-35+ hrs/wk	☐ Not in Labor Force, Inmate	☐ Unable to Work, Mandated Treat
☐ Employed Part Time-<35 hrs/wk	☐ Not in Labor Force, Other	☐ Unemployed, In Treatment
☐ Employed in Sheltered Workshop	☐ Not in Labor Force, Retired	☐ Unemployed, Looking for Work
☐ Not Employed/Able to Work	☐ Not in Labor Force, Student	☐ Unemployed, Not Looking for Work
☐ Not in Labor Force, Child Care	☐ Not in Labor Force, In Training	
☐ Not in Labor Force, Disabled	☐ Social Services Work Exp Prog.	

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

Marital Status: ☐ Married ☐ Never Married ☐ Living as Married ☐ Separated ☐ Divorced ☐ Widowed
Child of Alcoholic/Substance Abuser: ☐ No ☐ Both ☐ Child of Alcoholic(s) ☐ Child of Substance Abuser(s)
No. of children: ___ **No. of children living with Client:** ___ **No. of Children living in Foster Care:** ___
Case with Child Protective Services: ☐ Yes ☐ No

Criminal Justice Status:
☐ None ☐ Pre-Court Sentence (non ATI) ☐ Pre-Court Sentence – ATI ☐ Probation – non ATI ☐ Probation – ATI
☐ Other Alternative to Incarceration ☐ Correctional-based Setting ☐ Post Correctional Supervision

No. of Days Incarcerated in Prior 6 Months: ___ ___ **No. of Arrests in Prior 6 Months:** ___ ___

Primary Substance:

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

Primary Route: ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ 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: __ __

CLIENT ASSESSMENT REPORT

Secondary Substance:

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

Secondary Route: ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ 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	☐ OxyContin	☐ Khat	☐ Ephedrine
☐ Alcohol	☐ Other Opiate/Synthetic	☐ Other Tranquillizer	☐ Inhalant
☐ Cocaine	☐ Alprazolam (Xanax)	☐ Methamphetamine	☐ Ketamine
☐ Crack	☐ Barbiturate	☐ Other Amphetamine	☐ ROHYPNOL
☐ Marijuana/Hashish	☐ Benzodiazepine (Klonopin)	☐ Other Stimulant	☐ Viagra
☐ Heroin	☐ Other Sedative/ Hypnotic	☐ PCP	☐ Over-the-Counter
☐ Buprenorphine	☐ Elavil	☐ Ecstasy	☐ Other
☐ Non-Rx Methadone	☐ GHB	☐ Other Hallucinogen	

Tertiary Route: ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ 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	Speech Impairment:	☐ Yes ☐ No
Hearing Impairment:	☐ Yes ☐ No	Sight Impairment:	☐ Yes ☐ No
Mobility Impairment:	☐ Yes ☐ No	Other Major Physical Health Condition:	☐ Yes ☐ No

Mental Health Related Conditions:

Mental Retardation/Developmental Disability: ☐ Yes ☐ No Mental Illness: ☐ Yes ☐ No

History of Mental Health Treatment:

Ever Treated for Mental Illness Problem: ☐ 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