



**Inter-Agency Service**

- Child Protective Services (OCS)  Developmental Disabilities
  - Court / Legal Interface  Domestic Violence
- Pregnant  Yes  No \_\_\_\_\_ Due Date, if Pregnant

**Domains**

- Substance Abuse  Recovery Support Services (RSS)
- Mental Health

**Profile**

- Co-dependent / Collateral  Co-occurring SA and MH Problem  # of Days on Waitlist
- Medication Assisted Tx  SMI / SED Status  # of Prior SA Tx Episodes

# of times the client has attended a self-help program in the 30 days preceding the date of admission to treatment services. Includes attendance at AA, NA, and other self-help / mutual support groups focused on recovery from substance abuse and dependence.

- Previous MH Tx  Previous MH Tx at UT State Hospital
- Previous MH Tx at this Health Center  Atypical Medication Used (fill out space below)
- Recovery Capital Score \_\_\_\_\_

Enrolled in Education  Yes  No Education Status: \_\_\_\_\_

**Financial / Household**

|  |  |
|--|--|
| Current Employment Status _____                        | Primary Income Source _____                                |
| Funding Source _____                                   | Client Health Insurance _____                              |
| Marital Status _____                                   | Living Arrangement _____                                   |
| Client's Monthly Gross _____                           | Household Monthly Income _____                             |
| Medicaid Eligibility Determined _____                  | Expected Payment _____                                     |
| # of People Living with Client, Including Client _____ | # of Children Under 18 Living/Not Living with Client _____ |

**Legal**

|                                    |                                     |
|------------------------------------|-------------------------------------|
| Compelled to Tx _____              | Criminogenic Risk _____             |
| Drug Court Participation _____     | Mental Health Legal Status _____    |
| # of Arrests in Past 30 Days _____ | # of Arrests in Past 6 months _____ |

**Number of Arrests in the Past 6 months due to:**

DWI / DUI \_\_\_\_\_ Crimes Against Property \_\_\_\_\_ Crimes Against Persons \_\_\_\_\_

Other SA Offenses \_\_\_\_\_ Other Offenses \_\_\_\_\_  
e.g. Prostitution / Sex / Solicitation, Public Nuisance, Traffic Offenses

- 180 Day Commitment  30 Day Commitment
- 60 Day Commitment  Case Pending

**Substance Abuse**

| Rank      | Substance | Severity | Frequency | Method | Detailed Drug Code |
|-----------|-----------|----------|-----------|--------|--------------------|
| Primary   |           |          |           |        |                    |
| Secondary |           |          |           |        |                    |
| Tertiary  |           |          |           |        |                    |

At what age did the client FIRST use the substances indicated above: Primary  Secondary  Tertiary   
(if unknown enter "97")

# of DAYS since LAST use of the substances indicated above: Primary  Secondary  Tertiary

**Tobacco / Nicotine**

Have you ever used Tobacco / Nicotine Products?  Yes  No Age you began smoking: \_\_\_\_\_

Are you a current smoker:  Yes  No

In the past 30 days, what tobacco / nicotine product did you use most frequently? \_\_\_\_\_

Other (Please describe): \_\_\_\_\_

In the past 30 days, how often did you use tobacco / nicotine products? \_\_\_\_\_

Primary \_\_\_\_\_ Effective Date \_\_\_\_\_

Secondary \_\_\_\_\_ Expiration Date \_\_\_\_\_

Tertiary \_\_\_\_\_

GAF Score  Diagnosing Clinician \_\_\_\_\_

|                      | Code | Description | Comments | Principal |
|----------------------|------|-------------|----------|-----------|
| Behavioral Diagnosis |      |             |          |           |
|                      |      |             |          |           |
|                      |      |             |          |           |

|                   | Code | Description | Comments | Principal |
|-------------------|------|-------------|----------|-----------|
| Medical Diagnosis |      |             |          |           |
|                   |      |             |          |           |
|                   |      |             |          |           |

|                        | Code | Description | Comments | Principal |
|------------------------|------|-------------|----------|-----------|
| Psychosocial Diagnosis |      |             |          |           |
|                        |      |             |          |           |
|                        |      |             |          |           |