**Instructions: The Client Intake Form is to be completed at the time of the initial assessment. Entry of this form in the AKAIMS establishes the individual as a client. Fill in the blanks or check the boxes for each question. Do not leave anything blank. These are all required fields (“minimal data set” - MDS) for the State of Alaska (unless otherwise indicated) and continued funding is contingent upon compliance with this state requirement.**

## Client Profile

1. Name (First and Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_
2. Client Gender: ❒ Female ❒ Male

 If Female, Maiden Name Required:

1. Current Address: Street, Apartment:

(Address is not MDS) City, State, Zip:

1. Phone Number(s):
2. Date of Birth (mm/dd/yy): \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_
3. Social Security Number: \_\_ \_\_ \_\_ -- \_\_ \_\_ -- \_\_ \_\_ \_\_ \_\_
4. Medicaid ID Number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

## Demographics

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ethnicity: ***Check One*** * Not Spanish/Hispanic/Latino
* Chicano
* Cuban
* Hispanic not otherwise specified
* Mexican American
* Puerto Rican
* Spanish/Hispanic/Latino
* Not Collected
* Unknown
 | Race(s): ***Check All That Apply***

|  |
| --- |
| * Aleut
 |
| * American Indian
 |
| * Asian
 |
| * Athabascan (Other than

American Indian) |
| * Black/African American
 |
| * Caucasian
 |
| * Haida
 |
| * Inupiat
 |
| * Native Hawaiian
 |
|  |
| * Other
 |
| * Other Alaska Native
 |
| * Pacific Islander
 |
| * Refused
 |
| * Tlingit
 |
| * Tsimshian
 |
|  |
| * Yupik
* Not Collected
* Unknown
 |

 | Veteran Status: ***Check One**** Never in Military
* Vietnam Vet; combat
* Vietnam Vet; no combat
* Gulf War Vet; combat
* Iraq War Vet; combat
* Afghan War Vet; combat
* Active duty combat
* Active duty no combat
* Reserves/Nat. Guard; combat
* Reserves; no combat
* Retired from Military; combat
* Retired Military; non-combat
* Veteran other eras
* Military Dependent
* Not Applicable
* Not Collected
* Unknown
 |

#### Intake Information

1. File Located At (Where will client be admitted?):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_
2. Intake Staff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
3. Initial Contact: ***Check One***

|  |  |
| --- | --- |
| * Phone
* Drop In (Orientation)
* Hospital/On Call Intervention
* Emergency Outreach Intervention
 | * Community Service Patrol
* By appointment
* Mail or Fax
* Other
 |

1. Village (where client currently lives):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_
2. Intake Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_
3. Source of Referral: ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***
4. ***Only required if FEMALE***: Pregnant: ❒ Yes ❒ No ❒ Unknown
5. Injection Drug User (within the past 6 months): ❒ Yes ❒ No ❒ Unknown
6. Primary/Secondary/Tertiary Presenting Problem (Not required for MDS): ***Check One***

|  |  |
| --- | --- |
| ❒ Alcohol & Drugs❒ Alcohol Only❒ Drugs Only❒ Child abuse perpetrator❒ Child abuse victim❒ Coping with daily roles/activities❒ Depression❒ Domestic Violence perpetrator❒ Domestic violence victim❒ Eating disorder❒ Family (non-marital)❒ Financial; Poverty❒ Legal | ❒ Marital ❒ Medical/somatic❒ No response❒ None❒ Other❒ Psychological/ emotional❒ Runaway behavior❒ Sexual abuse perpetrator❒ Sexual abuse victim❒ Social/interpersonal (not family)❒ Suicide attempt/threat❒ Thought disorder |

1. Presenting Problem(s) in client’s own words (Why is the client seeking services? Not req’d for MDS):

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |