**Instructions: Please fill in the blanks/check the boxes for each question. Do not leave anything blank.**

## Client Profile

1. Name (First and Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Client Gender Female Male

If female, maiden name required

1. Current Address: Street, Apartment

City, State, Zip

1. Permanent Address: Street, Apartment

City, State, Zip

1. Phone Number(s)
2. Date of Birth (mm/dd/yyyy)
3. Social Security Number \_\_ \_\_ \_\_ -- \_\_ \_\_ -- \_\_ \_\_ \_\_ \_\_
4. Medicaid ID Number \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_
5. **Provider Client ID (Chart #) *Office Use***
6. **Behavioral Health Provider *Office Use***

## 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 Locate 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
6. What do you consider your number one problem: \_\_\_Alcohol & Drugs \_\_\_Alcohol \_\_\_Drugs ***or***

(Specify from list below)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you consider to be your second problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify from list below)

What do you consider to be your third problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify from list below)

*(****Alcohol & Drugs Alcohol Only; Drugs Only; Suicide attempt/threat; Child abuse victim; Sexual abuse victim; Domestic violence victim; Eating disorder; Thought disorder; Depression; Social/interpersonal (not family); Coping with daily roles/activities; Marital; Family (non marital); Legal; Medical/somatic; Psychological/emotional; Financial; Poverty; Child abuse perpetrator; Sexual abuse perpetrator; DV perpetrator; None; Other; Unknown****)*

*\*\*\* Not required for MDS but useful for client file and record.*

1. Presenting Problem(s) in your own words (Why are you seeking services?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Life Domains/Client Status

1. Date: \_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_
2. Domains: \_\_\_\_ Substance Abuse \_\_\_\_ Mental Health (can select both)
3. Client Type: \_\_\_Adult non-SMI no COD \_\_\_Adult non-SMI with COD \_\_\_Adult SMI no COD \_\_\_Adult SMI with COD \_\_\_ Youth non-SED no COD \_\_\_Youth non-SED with COD \_\_\_Youth SED no COD \_\_\_Youth SED with COD \_\_\_Youth/Adult SUD no COD (COD = Co-occurring Disorders)
4. Medication Assisted TX: \_\_\_ Yes, or \_\_\_\_ No

5. # of Prior SA TX Episodes: \_\_\_\_\_\_\_ 6. # Of Non-TX SA Related Hospitalizations in Past 6 Months: \_\_\_\_\_\_\_

1. # 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: ***Check One***

|  |  |
| --- | --- |
| * No attendance in the past month * 1-3 times in past month * 4-7 times in past month * 8-15 times in past month | * 16-30 times in past month * Some attendance in past month, but frequency unknown * Unknown * Not Collected |

## Life Domains/Education

|  |  |
| --- | --- |
| Education Status: ***Check one*** | School Attendance Status: ***Check one*** |
| * No Schooling | * Unknown |
| * If K-11 | * Not Collected (SA Clients only) |
| how many years \_\_\_\_\_\_\_\_\_\_\_ | * Not applicable – MH client age less than 3 or |
| * General Education Degree (GED) | greater than 17 (except for young adults 18-21 |
| * High School Diploma (not GED) | protected by IDEA) |
| * Vocational Training beyond High School | * Attending School |
| * Special Ed Ungraded Classes | * Not in School |
| * Baccalaureate Degree (BA, BS) |  |
| * Graduate work (no degree) |  |
| * Master’s degree |  |
| * Doctorate/Professional degree |  |
| * Post-Secondary 1 yr |  |
| * Post-Secondary 2 yrs. |  |
| * Post-Secondary 3 yrs. |  |
| * Post-Secondary 4+ yrs. (no degree) |  |
| * Other |  |
| * Unknown |  |
| * Not Collected |  |

## Life Domains/Financial/Household Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employment Status: ***Check One***   * Disabled * Employed Full Time * Employed Part Time * Homemaker * Armed Forces * No Response * Not Collected * Not in Labor Force/Other * Not Seeking Work * Other * Resident/Inmate * Retired * Seasonal Employee/in season * Seasonal Employee/out season * Student * Unemployed/Not seeking work * Unemployed/Subsistence * Unemployed/Looking for work * Unknown | Source of Income: ***Check one***   |  | | --- | | * Alaska Native Corp Dividends | | * Alimony | | * Alaska PFD | | * Child Support | | * Employment | | * Interest and Other | | * None | | * Other | | * Public Assistance/Welfare Pay | | * Parent's Income | | * Railroad Retirement | | * Retirement, Survivor, Disability Pension | | * Social Security Disability (SSDI) | | * Self-Employment | | * Supplemental Security Ins (SSI) | | * SSI/SSDI Never | | * SSI/SSDI Previous | | * Spouse's or Significant Other's Income | | * Social Security | | * Tribal Assistance Programs | | * Unemployment Compensation | | * Unknown * Not Collected | | | Health Insurance Type: ***Check One***   * Commercial * Group Policy * Health Maint. Org. (HMO) * Individual Policy * Indian Health Service * Long Term Policy * Litigation * Medicare Primary * Medicare Part B * Medicaid * Medigap Part B * None * Other Public Insurance * Other Private Insurance * Other * Personal payment (cash- no ins) * Supplemental Policy * VA insurance * Unknown * Not Collected |
| Primary Payment Source: ***Check One***   * Aetna * AK Native Health Care * Blue Cross/Blue Shield * CIGNA * Client Self Pay * HMO * Indian Health Services * Medicaid * Medicare * No Charge * Not Collected * Other Government Grant * Other Native Health Care * Other Private * Other Public * Sliding Scale; client partial payment * Sliding Scale, No Charge * Unknown | | Annual Household Income:  *Approximate or exact numeric amount, and include Alaska PFDs if applicable*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Life Domains/Financial/Household Information (Continued) | | | |
| Living Situation: Check One   * Assisted Living Facility * Correction/Detention Facility * Crisis Residence * Foster Care * Group Home * Halfway House * Homeless * Hospital for Non-psychiatric purposes * Hospital for psychiatric purposes * Nursing home * Private Residence w/o supportive services * Private Residence with supportive services * Residential Treatment * Shelter * Therapeutic Foster Care * Transitional Housing * No Response * Other * Unknown | | Marital Status: Check one   * Never Married-single * Married * Cohabitating * Separated * Divorced * Widowed * No Response * Not Collected * Unknown | |
| # of Children Living with Client: \_\_\_\_\_\_\_ | | | |

## Life Domains/Substance Abuse Information

|  |  |  |
| --- | --- | --- |
| **When you can have anything you want what is your first drug of choice:**   * Alcohol * Barbiturates * Benzodiazepines * Cannabis * Cocaine/Crack * Designer Drugs * Heroin * Inhalants * Marijuana/Hashish * Methamphetamines * Nicotine * Non-beverage alcohol * Non-prescription methadone * Other Amphetamines * Other Hallucinogens * Other Opiates/Hypnotics * Other Tranquilizers * Other Stimulants * Over the Counter Meds * Oxycodone * OxyContin * PCP * Steroids | Frequency of Use:   * More than 3 times daily * 2-3 times daily * Daily * 3-6 times per week | |
| Method of Use:   * Inhalation * IV injection * Nasal * Non-IV Injection | * Oral * Smoking * N/A * Unknown |
| Think about your first drug of choice:  1) Age of FIRST use? #\_\_\_\_\_\_\_\_ | |

|  |  |  |
| --- | --- | --- |
| **When you can have anything you want what is your second drug of choice:**   * Alcohol * Barbiturates * Benzodiazepines * Cannabis * Cocaine/Crack * Designer Drugs * Heroin * Inhalants * Marijuana/Hashish * Methamphetamines * Nicotine * Non-beverage alcohol * Non-prescription methadone * Other Amphetamines * Other Hallucinogens * Other Opiates/Hypnotics * Other Tranquilizers * Other Stimulants * Over the Counter Meds * Oxycodone * OxyContin * PCP * Steroids | Frequency of Use:   * More than 3 times daily * 2-3 times daily * Daily * 3-6 times per week | |
| Method of Use:   * Inhalation * IV injection * Nasal * Non-IV Injection | * Oral * Smoking * N/A * Unknown |
| Think about your second drug of choice:  1) Age of FIRST use? #\_\_\_\_\_\_\_\_ | |
| **When you can have anything you want what is your fthird drug of choice:**   * Alcohol * Barbiturates * Benzodiazepines * Cannabis * Cocaine/Crack * Designer Drugs * Heroin * Inhalants * Marijuana/Hashish * Methamphetamines * Nicotine * Non-beverage alcohol * Non-prescription methadone * Other Amphetamines * Other Hallucinogens * Other Opiates/Hypnotics * Other Tranquilizers * Other Stimulants * Over the Counter Meds * Oxycodone * OxyContin * PCP * Steroids | Frequency of Use:   * More than 3 times daily * 2-3 times daily * Daily * 3-6 times per week | |
| Method of Use:   * Inhalation * IV injection * Nasal * Non-IV Injection | * Oral * Smoking * N/A * Unknown |
| Think about your third drug of choice:  1) Age of FIRST use? #\_\_\_\_\_\_\_\_ | |

## Life Domains/Legal Status

Number of Arrests in ***past 30*** days: #\_\_\_\_\_\_\_\_

Anything else you would like to add at this time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If client is filling this out, stop here.

To be filled in by clinician:

## Client Diagnosis (this information is required) Need to have at least Primary Diagnosis to complete Admission/Life Domains

Primary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tertiary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Behavioral

Diagnosis Code Description

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

**Medical**

Diagnostic Code Description

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

**Psychosocial**

Diagnostic Code Description

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_

\_\_\_ \_\_\_ \_\_\_.\_\_\_ \_\_\_