**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?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

## 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

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

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