**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):

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