

Confidential Client Info

[rev. 07/01/08]

Instructions: Please answer all of the following questions (front and back of pages) as accurately as possible. Do not leave any answers blank. Please print, using dark ink.

Name: (first) (middle) (last) Date of birth:

Address: (street/ mailing) (city/town) (state) (zip code) SS#:

Probation officer: Court:

Check all that apply: Male Female Transgender Pregnant Veteran
If pregnant: How far along: Any difficulties we should know about:
If a veteran: Branch of service: Dates of service: Type of discharge:

Circle highest grade you completed in school. 6 7 8 9 10 11 12 13 14 15 16 17 18+

Did you graduate from high school? Yes No If no, do you have a GED: Yes No

Do you have a college degree? Yes No If yes, name of school:

Are you Spanish/Hispanic/Latino? Yes No If yes, country/area:
If no, what is your ancestry or Ethnicity? (such as, African, American, Brazilian, Cambodian, European, Japanese, Korean, Portuguese, Russian, Vietnamese, etc.)

Check your race: White Black Asian Hispanic American Indian Other

Check your primary language: English Spanish Portuguese Other

Marital Status: Never Married Married Divorced Separated Widowed

Number of adults in household? Number of children under 19 in household?

Annual household income? [your household, not just your own]

Are you employed? Yes No If yes, what do you do? Retired? Yes No
Unable to work due to a disability? Yes No If unemployed, for how long?

How many days did you work in the past month?

Do you have health insurance coverage? (check all that apply) None Medicaid Medicare
HMO Private Other Insurance Company Name:

Do you have children? Yes No If yes, how old are they?
If yes, do any of your children have Native American heritage? Yes No

Where do you usually live? (check appropriate response) House/Apartment Room/Boarding house
Institution Group house Shelter/Mission On the Streets

Who do you live with? (check all that apply) Alone Child under 6 Child 6-18 Child over 18
Spouse Significant other Parents Other relative Roommate/friend

Use of mobility aid? None Crutches Walker Manual Wheelchair Electric Wheelchair

Do you have any vision impairment? None Slight (corrected by glasses/contacts)
Moderate ("legally blind", minimal vision) Severe (no usable vision)

Do you have any hearing impairment? None Slight (corrected by hearing aid)
Moderate (hard of hearing with hearing aid) Severe (profound deafness)

Do you have any self care/ ADL impairment? Yes No If yes, explain:

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Are you currently on medication that was prescribed for a mental or emotional condition? Yes No

Have you discontinued any such medication in the past 12 months? Yes No

If yes, explain: \_\_\_\_\_

Are you currently on any medications that were prescribed for physical problems? Yes No

Have you discontinued any such medication in the past 12 months? Yes No

If yes, explain: \_\_\_\_\_

Have you ever received treatment for a mental health problem? (check appropriate response)

- I have no prior mental health problems
I have not received any treatment, but think I might have a problem
I have received counseling for a mental health problem
I have been hospitalized for a mental health problem
I have been hospitalized more than once for a mental health problem

Have you ever entered into any substance abuse treatment? (check all that apply)

- Detox # times? When & where?
Residential # times? When & where?
Outpatient # times? When & where?
Methadone # times? When & where?
1st Offender Drunk Driver # times? When & where?
2nd Offender Drunk Driver # times? When & where?
Other # times? When & where?

Do you currently receive assistance or compensation from any state agencies? Yes No

If yes, check applicable agencies

- DSS OCP DTA MCB
DYS DMH DMA MCDHH
DOC DMR EEC Other
MPB DPH MRC

Date of this DUI arrest: Did you take a breathalyzer? Yes No Results?

Number of DUI convictions, lifetime: Number of DUI convictions, past 6 years:

List dates of all DUI arrests, even if found not guilty:

Have you been arrested for any reason in the past 30 days? Yes No Details:

Have you ever used tobacco? Yes No How long ago was your last use?

Age first used If currently using, what form (cigarettes, cigars, etc.)

Number of cigarettes smoked per day Interested in stopping tobacco use? Yes No

Have you ever gambled? Yes No If yes, age when made first bet

Check all types of last regular gambling When did you make your last bet?

- Lottery - Scratch Tickets Lottery - Keno Lottery - Numbers Games Slot Machines
Casino Games Card Games Sports Betting Bingo
Dog/Horse Tracks, Jai Alai Internet Gambling Stock Market (Options, Day Trading, etc.)

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**Substance Abuse History**

For Those Substances You Have Used, Please Indicate

	Have Used		Age When	How Long Since	How Often Used?
	Yes	No	First Used	Last Use?	(see Codes below)
Alcohol					
Cocaine					
Crack					
Marijuana / Hashish					
Heroin					
Non-Prescription Methadone					
Other Opiates / Synthetics					
PCP					
Other Hallucinogens					
Methamphetamine					
Other Amphetamines					
Other Stimulants					
Benzodiazepines					
Other Tranquilizers					
Barbituates					
Other Sedatives / Hypnotics					
Inhalants					
Over the Counter					
Club Drugs					
Other (list/explain below)*					
Oxycodone					
Suboxone					

*Please use these codes to answer the "How Often Used" question.*

1 = Less than once per month

3 = 1 - 3 times per week

5 = Daily

2 = 1 - 3 times per month

4 = 3 - 6 times per week

\* List / Details of Other Substances

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