

**Client First Name:** \_\_\_\_\_  
**If Female, Maiden Name:** \_\_\_\_\_  
**Street:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Client Identifier:** (Will Be Provided Upon Authorization) \_\_\_\_\_  
**First Contact Date:** \_\_\_\_\_  
**Date First Seen:** \_\_\_\_\_

**Client Last Name:** \_\_\_\_\_  
**Social Security:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Gender:**  Male  Female  
**Provider Identifier:** \_\_\_\_\_  
**First Available Date:** \_\_\_\_\_

1	<b>Medicaid:</b>	Yes No	
	If Yes, ID #:		
<b>Source of Referral (Use for Questions 2 &amp; 3)</b>			
01-Problem Gambling Helpline			
02-Person-friend/family/professional			
03-Casino Literature			
04-Media Print			
05-Media Air			
06-Website			
07-Other			
2	<b>How did you first hear about these services?</b>		
3	<b>How did you find your provider?</b>		
4	<b>Hispanic Origin</b>	<input checked="" type="checkbox"/>	
	01-Not of Hispanic Origin		
	02-Mexican		
	03-Puerto Rican		
	04-Cuban		
5	<b>Race:</b>	<input checked="" type="checkbox"/>	
	01-White		
	02-Black or African American		
	03-Asian		
	04-Other		
	05-Alaska Native		
	06-Native Hawaiian or Other Pacific Islander		
	07-American Indian		
6	<b>If American Indian:</b>	<input checked="" type="checkbox"/>	
	01-Sac & Fox		
	02-Prairie Band Potawatomi		
	03-Kickapoo		
	04-Iowa		
	05-Wyandotte		
	06-Red Nation of the Cherokee		
07-Other			
7	<b>Veteran Status:</b>	Yes No	
8	<b>Marital Status:</b>	<input checked="" type="checkbox"/>	
	01-Never married		
	02-Married		
	03-Divorced		
	04-Separated		
	05-Widowed		
9	<b>Living Arrangements:</b>	<input checked="" type="checkbox"/>	
	01-Private Residence		
	02-Residential Facility		
	03-MH, Corrections, Healthcare		
10	04-Transient/Homeless		
	<b>Pregnant at Time of Admission:</b>	Yes No	
	11	<b>Do you have mental health insurance coverage for gambling?</b>	Yes No

12	<b>Details of Gambling Insurance (Specify):</b>	
13	<b>Education:</b>	<input checked="" type="checkbox"/>
	01-Less than 12th Grade	
	02-GED/High School Diploma	
	03-Vocational Certification	
	04-Some College -No Degree	
	05-Associates Degree	
	06-Bachelor Degree	
14	<b>Employment Status:</b>	<input checked="" type="checkbox"/>
	01-Employed Full-Time	
	02-Employed Part-Time	
	03-Unemployed	
15	04-Not in Labor Force	
	<b>Source of Income/Support (Specify):</b>	
	16 <b>Problem Gambling Treatment:</b>	Yes No
	17 <b>Number of Instances:</b>	
18 <b>Substance Abuse Treatment:</b>	Yes No	
19 <b>Number of Instances:</b>		
20 <b>Medication Assisted Opiod Therapy:</b>	Yes No	
21 <b>Number of Instances:</b>		
22 <b>Co-Dependency Treatment:</b>	Yes No	
23 <b>Number of Instances:</b>		
24 <b>Other Mental Health Treatment:</b>	Yes No	
25 <b>Number of Instances:</b>		
26 <b>Unknown Treatment:</b>	Yes No	
27 <b>Number of Instances:</b>		
28	<b>Frequency of Attendance Self-Help Programs at Admission:</b>	<input checked="" type="checkbox"/>
	01-Daily	
	02-Weekly	
	03-Monthly	
29	04-Unknown	
	<b>Self-Exclusion at Admission:</b>	Yes No

<b>Gambling Activity (Use for Questions 30 &amp; 33)</b>		
01 - Bingo		
02 - Black Jack		
03 - Cards		
04 - Dice		
05 - Dominoes		
06 - Dog/Horse Racing		
07 - Internet Gambling		
08 - Keno		
09 - Lottery		
10 - Personal Games of Skill		
11 - Poker		
12 - Raffles		
13 - Roulette		
14 - Slot Machines		
15 - Sporting Events		
16 - Stock/Financial Market		
17 - Video Poker		
<b>Frequency (Use for Question 32 &amp; 34)</b>		
01 - No Gambling in Last 30 Days		
02 - 1 to 2 Times in Last 30 Days		
03 - 1 to 2 Times per Week		
04 - 3 to 6 Times per Week		
05 - Daily		
30	<b>Primary Gambling Activity:</b>	
31	<b>Where do you usually gamble?</b>	
32	<b>Frequency of Primary Gambling Activity:</b>	
33	<b>Secondary Gambling Activity:</b>	
34	<b>Frequency of Secondary Gambling Activity:</b>	
<b>DSM IV 312.31: 5 or more = Pathological Gambler; 3 or 4 = Problem Gambler.</b>		
35	<b>PREOCCUPATION:</b> Is preoccupied with gambling. Past yr.	Yes No
36	<b>TOLERANCE:</b> Needs to gamble with increasing amounts of money in order to achieve the desired excitement. Past year.	Yes No
37	<b>LOSS OF CONTROL:</b> Repeated unsuccessful efforts to control, cut back, or stop gambling. Past year.	Yes No
38	<b>WITHDRAWAL:</b> Restless or irritable when attempting to cut down or stop gambling. Past yr.	Yes No
39	<b>ESCAPE:</b> Gambles as a way of escaping from problems or of relieving dysphoric mood. Past year.	Yes No
40	<b>CHASING:</b> After losing money gambling, often returns another day to get even. Past Year.	Yes No
41	<b>LIES:</b> Lies to family members, therapist, or others to conceal the extent of involvement with gambling. Past year.	Yes No

42	<b>CRIME:</b> Committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling. Past year.	Yes No
43	<b>RELATIONSHIP:</b> Has jeopardized or lost a significant relationship, job, educational or career opportunity because of gambling. Past year.	Yes No
44	<b>BAILOUT:</b> Relies on others to provide money to relieve a desperate financial situation caused by gambling. Past year.	Yes No
45	<b>RULE-OUT OTHER DIAGNOSES:</b> The gambling behavior is not better accounted for by a Manic Episode.	Yes No
46	<b>Age First Gambled:</b>	
47	<b>Age Problem Began:</b>	
48	<b>Years problem has existed:</b>	
49	<b>If less than a year, months problem has existed:</b>	
<b>(Use for Questions 50 &amp; 51)</b>		
01- Never		
02 - Rarely		
03 - Sometimes		
04 - Often		
05 - Always		
06 - Nearly Always		
50	<b>During the past 30 days, about how often were you preoccupied with urges to gamble?</b>	
51	<b>During the past 30 days, how much trouble (relationship, financial, legal, job, medical, emotional) has your gambling caused you?</b>	
52	<b>In the past 30 days, have you bet money, bought lottery ticket(s), or engaged in some other form of gambling?</b>	Yes No
53	<b>Credit Card Debt:</b>	Yes No
54	<b>Bad Checks:</b>	Yes No
55	<b>Contemplating Bankruptcy:</b>	Yes No
56	<b>Bankruptcy:</b>	Yes No
57	<b>Borrowing from Family/Friends:</b>	Yes No
58	<b>Borrowing from Other Sources:</b>	Yes No
59	<b>Difficulty with Household Bills:</b>	Yes No
60	<b>Using Equity or Savings Accounts:</b>	Yes No
61	<b>Payday Loans:</b>	Yes No
62	<b>Loan Defaults:</b>	Yes No
63	<b>Other Financial Issues:</b>	Yes No
64	<b>List Other Financial Issues:</b>	
65	<b>Amount of Gambling Debt:</b>	\$
66	<b>Arrests in 30 Days Prior to Admissions:</b>	Yes No

67	<b>Legal Consequences related to gambling:</b>	<input checked="" type="checkbox"/>
	01-Arrest	
	02-Probation	
	03-Jail	
	04-Prison	
	05-Pending Charges	
	06-None	
68	<b>Family Gambling History:</b>	Yes No
69	<b>List Family Gambling History:</b>	
70	<b>Family other behavioral addictions history:</b>	Yes No
71	<b>List Family Other Behavioral Addictions History:</b>	
<b>SA Issues (Use for Questions 72, 75 &amp; 78)</b>		
0001 - Alcohol		
0002 - Cocaine/crack		
0003 - Marijuana		
0004 - Heroin		
0005 - Non-Prescription Methadone		
0006 - Other Opiates		
0007 - Phencyclidine		
0008 - Other Hallucinogens		
0009 - Methamphetamine		
0010 - Other Amphetamine		
0011 - Other Stimulants		
0012 - Benzodiazepines		
0013 - Other Tranquilizers		
0014 - Barbiturates		
0015 - Other sedatives		
0016 - Inhalants		
0017 - Over the Counter		
0018 - Other Drug Combinations		
0021 - Methylenedioxyamphetamines (MDMA Ecstasy)		
0022 - Flunitrazepam (Rohypnol)		
0023 - GHB/GBL (gamma-hydroxybutyrate gamma- butyrolactone)		
0024 - Ketamine (Special K)		
0025 - Clonazepam (Klonopin Rivotril)		
0026 - LSD		
0027 - Buprenorphine		
0028 - None		
<b>Usual Route (Use for questions 73, 76, 79)</b>		
1 - Oral		
2 - Smoking		
3 - Inhalation		
4 - Injection (IV or Intramuscular)		
5 - Other		
6 - N/A		
<b>Frequency (Use for Questions 74, 77, &amp; 80)</b>		
1 - No use past month		
2 - 1-3 uses past month		
3 - 1-2 uses per week		
4 - 3-4 uses per week		
5 - Daily		
6 - N/A		

72	<b>SA Issues – Primary Substance:</b>	
73	<b>Primary Substance Usual Route of Administration:</b>	
74	<b>Primary Substance Frequency of Use:</b>	
75	<b>SA Issues – Secondary Substance:</b>	
76	<b>Secondary Substance Usual Route of Administration:</b>	
77	<b>Secondary Substance Frequency of Use:</b>	
78	<b>SA Issues – Tertiary Substance:</b>	
79	<b>Tertiary Substance Usual Route of Administration:</b>	
80	<b>Tertiary Substance Frequency of Use:</b>	
81	<b>Sex Addiction:</b>	Yes No
82	<b>Internet Addiction:</b>	Yes No
83	<b>Eating Disorder:</b>	Yes No
84	<b>Other Addiction (specify):</b>	
85	<b>Other Psychiatric Issues (specify):</b>	
86	<b>On Meds for That/Those Diagnoses (specify):</b>	
87	<b>Current medical issues (specify):</b>	
88	<b>Harm to Self/Suicide (presenting/current):</b>	Yes No
89	<b>If Harm to Self/Suicide (presenting/current):</b>	<input checked="" type="checkbox"/>
	01-Thoughts	
	02-Threat	
	03-Plan	
	04-Action	
90	<b>Number of Self Injury/Suicide attempts:</b>	
91	<b>Perpetrated Violence (past year):</b>	<input checked="" type="checkbox"/>
	1-None	
	2-Spouse/Partner Isolated incident	
	3-Spouse/Partner Repeated violence	
	4-Other Isolated Incident	
	5-Other Repeated violence	
92	<b>Type of Service :</b>	<input checked="" type="checkbox"/>
	01-Residential Gambling Treatment – Out of State	
	02-Residential Gambling Treatment - In State	
	03-Level I Out Patient Treatment for PG	
	04-Level II Intensive Outpatient Program (IOP) for PG	
	05-Case Management for PG	
	06-Assessment Only	
	07-Formal Intervention	
	08-Crisis Intervention	
	09-Consultation Only	
	10-Family/Couple Therapy	
	11-Support Services	
	12-Relapse Prevention/Maintenance	
	13-Other	