

ASSESSMENT/ADMISSION RECORD

(See Instructions)

A. GENERAL INFORMATION

Participant/I.D. No.		Referral Source		PRU No. and/or Site Name	
Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race*	Hispanic Origin*	Occupational Status*	Last Grade Completed

* Use Code Only. See Instructions.

B. ASSESSMENT

1. Date(s) of Assessment: _____	Total Number of Assessment Visits _____
a. Is this assessment the result of a crisis situation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe current crisis:	
b. Have there been previous crisis contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate previous dates and attach documentation.	
c. Participant's Presenting Problems (Select one or more): <input type="checkbox"/> Alcohol Use/Abuse <input type="checkbox"/> Other Substance Abuse/Use <input type="checkbox"/> Problem Gambling <input type="checkbox"/> Behavior Problem <input type="checkbox"/> Academic/Work Problem <input type="checkbox"/> Truancy/Attendance Problem <input type="checkbox"/> Interpersonal Relations <input type="checkbox"/> Family Problem <input type="checkbox"/> COA/COSA (child of alcohol/substance abuser) <input type="checkbox"/> Mental Health Problem <input type="checkbox"/> Crisis <input type="checkbox"/> Other (specify)	
2. Need for Services	
a. Does the individual need counseling services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In program, specify: <input type="checkbox"/> Outside of program (complete a Referral Record, if applicable)	
b. Does the individual need other services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how will other services be provided? <input type="checkbox"/> In program, specify: <input type="checkbox"/> Outside of program (complete a Referral Record, if applicable)	
3. Disposition (Check all that apply) <input type="checkbox"/> No Further Action (Complete summary below) <input type="checkbox"/> Admission to Prevention Counseling <input type="checkbox"/> Referral (either within or outside of the program) to Other Service Only <input type="checkbox"/> Admission to Prevention Counseling and Referral (either within or outside of program)	
Disposition Summary (Include dates of contact)	

Signature of Prevention Specialist _____ Date _____

ASSESSMENT/ADMISSION RECORD

C. ADMISSION

1. Admission Status <input type="checkbox"/> First Admission <input type="checkbox"/> Readmission	Date of Current Admission				
2a. Reasons for Admission [within the past 30 days] (Select all that apply) <input type="checkbox"/> Alcohol Use/Abuse <input type="checkbox"/> Other Substance Use/Abuse <input type="checkbox"/> Gambling/Problem Gambling					
2b. Consequences of Substance Abuse or Problem Gambling (Select all that apply) <input type="checkbox"/> Direct Legal Consequence (e.g., DWI, DUI, possession/sale arrest) <input type="checkbox"/> Violence <input type="checkbox"/> Physical Injury <input type="checkbox"/> Indirect Criminal Justice Involvement (e.g., secondary substance-related arrest) <input type="checkbox"/> Physical Health/Medical <input type="checkbox"/> Hazardous Behavior (e.g., DUI, unprotected sex, etc.) <input type="checkbox"/> Interpersonal <input type="checkbox"/> Financial <input type="checkbox"/> Mental Health/Emotional <input type="checkbox"/> School/Work <input type="checkbox"/> Family					
2c. Family History of Substance Abuse or Problem Gambling [This risk factor is sufficient for admission] (Select all that apply) <input type="checkbox"/> Family History of Alcohol Abuse <input type="checkbox"/> Family History of Other Substance Abuse <input type="checkbox"/> Family History of Problem Gambling					
2d. High Risk status is assessed on at least two of the following risk factors (Select two or more if no family history; otherwise, select any that apply) <input type="checkbox"/> Early Initiation of Substance Use <input type="checkbox"/> Early Initiation of Gambling <input type="checkbox"/> Peers Engaged in Substance Abuse <input type="checkbox"/> Early and Persistent Problem Behavior (non-substance related) <input type="checkbox"/> Favorable Attitudes Toward Substance Abuse <input type="checkbox"/> Peers Engaged in Gambling <input type="checkbox"/> Favorable Attitudes Toward Gambling <input type="checkbox"/> Academic Failure <input type="checkbox"/> Favorable Attitudes Toward Gambling <input type="checkbox"/> Rebelliousness <input type="checkbox"/> Family Management Problems <input type="checkbox"/> Family Conflict <input type="checkbox"/> Depressive Symptoms					
3. Substances Used At Admission [Within past 30 days] (Select all that apply) <input type="checkbox"/> Marijuana/Hashish <input type="checkbox"/> Heroin or Other Opiate <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Ecstasy (MDMA) <input type="checkbox"/> LSD or Other Hallucinogen <input type="checkbox"/> Inhalants (glue, paint, gasoline, aerosols, etc.) <input type="checkbox"/> OTC Stimulants (caffeine, no-doz, dexatrim, vivarin, diet pills) <input type="checkbox"/> OTC Cough/Cold Medicine <input type="checkbox"/> Prescription Pain Medications (not prescribed) [oxycontin, vicodin, codeine, demerol, darvon, percocet] <input type="checkbox"/> Other Prescription Drugs (not prescribed) [Tranquilizers: valium, xanax, librium; Sedatives: phenobarbital, tuinal, nembutal, seconal; Stimulants: amphetamine, ritalin, adderall, dexadrine] <input type="checkbox"/> Tobacco/Nicotine (smoked or chewed) <input type="checkbox"/> Other (specify)					
4. Current Health Status 					
5. Services Currently Received from Another Agency Is participant/family currently receiving services from another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate type of services: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Agency/Contact Name</td> <td style="width: 40%;">Telephone ()</td> </tr> <tr> <td>Address</td> <td></td> </tr> </table>		Agency/Contact Name	Telephone ()	Address	
Agency/Contact Name	Telephone ()				
Address					
6. Standards for Admission, Participation and Discharge Participant was informed of and signed the following corresponding documents: <input type="checkbox"/> Standards for Admission, Participation and Discharge <input type="checkbox"/> Confidentiality Rights Summary					

7. Admissions/Readmissions Summary (Elaborate on reasons for admission checked above)

Signature of Prevention Specialist _____

Date _____

Instructions
Assessment/Admission Record

PAGE 1

Page 1 of this form is used to assess an individual's need for counseling services and/or crisis services. An assessment is conducted by completing Parts A and B as indicated. In accordance with the Prevention Services Guidelines, an individual can have a maximum of three (3) face-to-face contacts before a determination regarding admission or other service is made. On or before the third assessment contact, a disposition must be made.

A. GENERAL INFORMATION

Complete all information requested in the boxes. Where appropriate, please use the categories and respective code numbers in completing the form.

RACE

Based on staff observation and/or participant self-identification, enter the appropriate race. If the participant is racially mixed, enter the race with which he/she identifies.

- 1 - Alaskan Native (Aleut, Eskimo, Indian)
A person having origins in any of the native people of Alaska.
- 2 - Native American (Other than Alaska Native)
A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.
- 3 - Asian or Asian American
A person having origins in any of the original people of the Far East, Indian Subcontinent, Southeast Asia, including Cambodia, China, India Japan, Korea, Malaysia, Philippine Islands, Thailand and Vietnam.
- 4 - African American/Black
A person having origins in any of the black racial groups of Africa.
- 5 - Native Hawaiian or Pacific Islander
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 6 - White
A Caucasian person having origins in any of the people of Europe (including Portugal), North Africa, or the Middle East
- 7 - Other
A category for use when the person is not classified above, when the person does not identify with any one single particular racial group, when the original group because of local custom, is regarded as a racial class distinct from the above categories or when the race is unknown.
- 8 - Multiracial
A category for use when the person identifies with more than one racial group.

HISPANIC ORIGIN

Indicate the most appropriate origin

- 1 - Hispanic or Latino Origin
A person of Hispanic or Latino origin, or a person who identifies with an Hispanic or Latino origin.
- 2 - Not of Hispanic or Latino Origin
A person whose origin is not Hispanic or Latino, or a person who does not identify with a Hispanic or Latino origin

OCCUPATIONAL STATUS

- 1 - Student
- 2 - Student, employed full-time, (35+ hours)
- 3 - Student, employed part-time, (< 35 hours)
- 4 - Out-of-School Youth, under age 18, employed
- 5 - Out-of-School Youth, under age 18, unemployed
- 6 - Employed full-time (35+ hours)
- 7 - Employed part-time (< 35 hours)
- 8 - Not in labor force, homemaker
- 9 - Not in labor force, unemployed

LAST GRADE COMPLETED:

List the last grade for which the participant received credit. For those that have dropped out or attained a GED, list the last grade completed and indicate "GED" or "Drop-out".

B. ASSESSMENT

- 1. Complete this part as indicated. Attach other completed Assessment/Admission Records for any previous crisis contacts occurring within the past twelve (12) months. Enter the participant's presenting problem as reported by the participant.
- 2. Self-explanatory
- 3. Disposition. This is the decision whether the participant will be admitted to prevention counseling and/or whether a referral for additional services is made. A referral for services covers either services within or outside of the program.
- 4. Under "Disposition Summary", summarize assessment findings and rationale for the disposition. If admitted for counseling services, complete "Admission Summary" Page 3, Item c.7.

C. ADMISSION

This part of the Assessment/Admission Record must be completed for all individuals admitted to counseling services (individual, group and/or family counseling).

1. ADMISSION STATUS

An individual is considered a "first admission", if this is his/her initial admission to this particular prevention program for any type of counseling services. An individual is considered a "readmission" if he/she has ever been admitted previously to prevention counseling services offered by this service provider.

2. REASONS FOR ADMISSION

Participants can be admitted to Prevention Counseling by meeting one of four admission criteria:

- a. Current use (within last 30 days) of alcohol (under age 21) other drugs and tobacco (under age 18) (ATOD) or gambling (under age 18);
- b. Consequences from ATOD use or gambling;
- c. Family history of alcohol abuse, substance abuse or problem gambling; or
- d. Two or more of the identified risk factors.

For each of the four sections, select all that apply.

3. SUBSTANCES USED (AT ADMISSION) (within past 30 days) Select all that apply.

Identify the substances the participant reports using within the last 30 days from the time of the admission interview(s).

4. CURRENT HEALTH STATUS

Describe health concerns as reported by the participant and/or observed by the counselor.

5. SERVICES CURRENTLY RECEIVED FROM ANOTHER AGENCY

Identify other Agency participant is receiving services, if applicable.

6. STANDARDS FOR ADMISSION, PARTICIPATION AND DISCHARGE

Standards for admission must include acknowledgement of voluntary participation.

7. ADMISSION/READMISSION SUMMARY

Elaborate on the rationale for admission to the counseling service program.