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| **Appointment:**  **Canceled:**  Yes No  **No Show:**  Yes No | **Cancellation Reason** | |
| **Was the client rescheduled** | | **New Appt Date/Time:** |
| **Cancel/No Show Notes:** | | |

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| **Client Information** | | |
| **DOB**  &CLTBMM&/&CLTBDD&/&CLTBYR& | **Age**  &CLTAGE& | **Gender**  &CLTSEXDSC& |
| **Race**  &cltasmnar939&&cltasmnar937&&cltasmnar938&&cltasmnar941&&cltasmnar940& | | |
| **Referral Source and Reason for Referral**  &CLTASM40242& | | |
| **Identifying Information: include the following (name, age, race, relationship status, and living situation, If Recovery Works CJI Assessment list name of jail or prison where the service was completed)**  &cltasm12430&  &cltasmnar12430&  &cltasmcmt12430& | | |

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| **Presenting Problem/Expectation of Treatment** |
| **Chief Complaint (in consumer's/guardian's own words)and Precipitating events (include any trauma)**  &cltasm41589& |
| **Severity/Frequency/Duration of Symptoms**  &cltasm12191& |
| **Consumer/Family Expectations and Motivation to Change**  &cltasm12194& |

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| **Previous Treatment History** |
| **Mental Health and/or Substance Abuse Treatment History for Consumer including outcomes/benefits of previous treatment:**  &cltasm40172&  &cltasmcmt40172& |
| **Mental Health and/or Substance Abuse Treatment History for Consumer’s Family members:**  &cltasm40593&  &cltasmcmt40593& |

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| **Medical and Health Screen** |
| **Have you had a physical exam within the last year?**  &cltasm12968&  &cltasmcmt12968& |
| **List any health problems you are currently experiencing for example, heart problems, breathing problems, or injuries:**  &cltasm13337& |

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| **Pain Screen** |
| **Are you currently experiencing any pain?**  &cltasm12973&  &cltasmcmt12973& |
| **Do you experience prolonged pain at other times?**  &cltasm12974&  &cltasmcmt12974& |
| **What impact does this pain have on your daily life?**  &cltasm12975&  &cltasmcmt12975& |

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| **Nutrition Screen** |
| **Have you experienced weight loss or gain of 10 lbs or more in the last 3 months?**  &cltasm12977&  &cltasmcmt12977& |
| **Has a doctor or other medical professional placed you on a special diet?**  &cltasm12978&  &cltasmcmt12978& |
| **Do you have any chronic chewing, swallowing or dental problems that interfere with eating?**  &cltasm12979&  &cltasmcmt12979& |
| **Have there been any changes in your appetite in the past three months?**  &cltasm12980&  &cltasmcmt12980& |
| **List any food allergies:**  &cltasm12981&  &cltasmcmt12981& |
| **Have you ever engaged in behaviors such as binge eating or induced vomiting?**  &cltasm12982&  &cltasmcmt12982& |

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| **Tuberculosis Screen** | | | | | |
| **Have you experienced any of the following symptoms:** | | **Unexplained fever in recent weeks to months:** &cltasm13270& &cltasmcmt13270& | | | |
| **Unexplained persistent cough for over 2 weeks:** &cltasm13271& &cltasmcmt13271& | | | |
| **Coughing up sputum (phlegm from deep in lungs) or blood:** &cltasm13272& &cltasmcmt13272& | | | |
| **Drenching night sweats in recent months:** &cltasm13273& &cltasmcmt13273& | | | |
| **Unexplained weight loss in recent months:** &cltasm13274& &cltasmcmt13274& | | | |
| **Unexplained loss of appetite in recent months:** &cltasm13275& &cltasmcmt13275& | | | |
| **Are you an injection drug user and/or HIV positive?** &cltasm12506& &cltasmcmt12506& | | | | | |
| **Describe living situation:** &cltasm13335& &cltasmcmt13335& | | | | | |
| **Were you diagnosed with active TB disease:** &cltasm13281& &cltasmcmt13281& | | | | | |
| **Have you ever tested positive for Hepatitis, TB or any other communicable diseases?** &cltasm12518& &cltasmcmt12518&  --if yes, what? &cltasm12519& | | | | | |
| **Was the consumer offered Tuberculosis (TB) education/programming?** &cltasm13238& &cltasmcmt13238& | | | | | |
| **Addictions History** | | | | | |
| **Caffeine Use:**   * **In the past 30 days, how many days would you have used caffeine?** &cltasm13317& * **In your lifetime, how many years would you have used caffeine?** &cltasm13318& * **Amount of caffeine use:** &cltasm13319& | | | | | |
| **Tobacco Use:**   * **In the past 30 days, how many days would you have used tobacco?** &cltasm13320& * **In your lifetime, how many years would you have used tobacco?** &cltasm13321& * **How have you most commonly used tobacco?** &cltasm13322& | | | | | |
| **Nicotine Use:**   * **In the past 30 days, how many days would you have used nicotine (excluding tobacco)?** &cltasm13323& * **In your lifetime, how many years would you have used nicotine (excluding tobacco)?** &cltasm13324& * **How have you most commonly used nicotine (excluding tobacco)?** &cltasm13325& | | | | | |
| **Have you ever or are you currently using alcohol or drugs?** &cltasm13316& | | | | | |
|  | | **# Days Would Have Used in the Past 30 Days** | **# Years Would Have Used in Lifetime** | **Most Common Route** | |
| **Alcohol** | | &cltasm12989&  &cltasmcmt12989&  &cltasmnar13316& | &cltasm12990&  &cltasmcmt12990&  &cltasmnar13316& | &cltasm12991&  &cltasmcmt12991&  &cltasmnar13316& | |
| **Alcohol Used to Intoxication** | | &cltasm12992&  &cltasmcmt12992&  &cltasmnar13316& | N/A | &cltasm12994&  &cltasmcmt12994&  &cltasmnar13316& | |
| **Heroin** | | &cltasm12995&  &cltasmcmt12995&  &cltasmnar13316& | &cltasm12996&  &cltasmcmt12996&  &cltasmnar13316& | &cltasm12997&  &cltasmcmt12997&  &cltasmnar13316& | |
| **Methadone** | | &cltasm12998&  &cltasmcmt12998&  &cltasmnar13316& | &cltasm12999&  &cltasmcmt12999&  &cltasmnar13316& | &cltasm13000&  &cltasmcmt13000&  &cltasmnar13316& | |
| **Other Opiates/Analgesics** | | &cltasm13001&  &cltasmcmt13001&  &cltasmnar13316& | &cltasm13002&  &cltasmcmt13002&  &cltasmnar13316& | &cltasm13003&  &cltasmcmt13003&  &cltasmnar13316& | |
| **Barbiturates** | | &cltasm13004&  &cltasmcmt13004&  &cltasmnar13316& | &cltasm13005&  &cltasmcmt13005&  &cltasmnar13316& | &cltasm13006&  &cltasmcmt13006&  &cltasmnar13316& | |
| **Other Sedatives, Hypnotics, Tranquilizers** | | &cltasm13007&  &cltasmcmt13007&  &cltasmnar13316& | &cltasm13008&  &cltasmcmt13008&  &cltasmnar13316& | &cltasm13009&  &cltasmcmt13009&  &cltasmnar13316& | |
| **Cocaine** | | &cltasm13010&  &cltasmcmt13010&  &cltasmnar13316& | &cltasm13011&  &cltasmcmt13011&  &cltasmnar13316& | &cltasm13012&  &cltasmcmt13012&  &cltasmnar13316& | |
| **Amphetamines** | | &cltasm13013&  &cltasmcmt13013&  &cltasmnar13316& | &cltasm13014&  &cltasmcmt13014&  &cltasmnar13316& | &cltasm13015&  &cltasmcmt13015&  &cltasmnar13316& | |
| **Cannabis** | | &cltasm13016&  &cltasmcmt13016&  &cltasmnar13316& | &cltasm13017&  &cltasmcmt13015&  &cltasmnar13316& | &cltasm13018&  &cltasmcmt13018&  &cltasmnar13316& | |
| **Hallucinogens** | | &cltasm13019&  &cltasmcmt13019&  &cltasmnar13316& | &cltasm13020&  &cltasmcmt13020&  &cltasmnar13316& | &cltasm13021&  &cltasmcmt13021&  &cltasmnar13316& | |
| **Inhalants** | | &cltasm13022&  &cltasmcmt13022&  &cltasmnar13316& | &cltasm13023&  &cltasmcmt13023&  &cltasmnar13316& | &cltasm13024&  &cltasmcmt13024&  &cltasmnar13316& | |
| **How many days in the past 30 would you have used more than one substance per day (include alcohol)?** &cltasm13025& &cltasmnar13316& | | | | | |
| **How many years in your lifetime would you have used more than one substance per day (include alcohol)?** &cltasm13026& &cltasmnar13316& | | | | | |

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| **Gambling Screen** | | | |
| **During the past twelve months, have you become restless, irritable or anxious when trying to stop/cut down on gambling?** &cltasm13287& | | | |
| **During the past twelve months, have you tried to keep your family or friends from knowing how much you gambled?** &cltasm13288& | | | |
| **During the past twelve months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare?** &cltasm13289& | | | |
| **Suicide Screen** | | | |
| **In the past month, have you wished you were dead or wished you could go to sleep and not wake up?** &cltasm13309& | | | |
| **In the past month, have you had any actual thoughts of killing yourself?** &cltasm13310& | | | |
| **In the past month, have you been thinking about how you might do this?** &cltasm13311& &cltasmnar13310& | | | |
| **In the past month, have you had these thoughts and had some intention of acting on them?** &cltasm13312& &cltasmnar13310& | | | |
| **In the past month, have you started to work out or worked out the details of how to kill yourself?** &cltasm13313& &cltasmnar13310&  **--if so, do you intend to carry out this plan?** &cltasm13329& | | | |
| **Have you ever done anything, started to do anything, or prepared to do anything to end your life?** &cltasm13314&  **--if so, was this within the past 3 months?** &cltasm13315& | | | |
| **Mental Status Exam** | | | |
| **Orientation**  &cltasm40504&  &cltasm12539&  &cltasmcmt40504& | **Gait**  &cltasm40141&  &cltasm12603&  &cltasm12531&  &cltasmcmt40141& | **Hygiene**  &cltasm40678&  &cltasmcmt40678& | **Appearance**  &cltasm12744&  &cltasm12745&  &cltasmcmt12744& |
| **Impulse Control**  &cltasm12746&  &cltasm12747&  &cltasmcmt12746& | **Speech Rate**  &cltasm12540&  &cltasm12541&  &cltasmcmt12540& | **Speech Volume**  &cltasm12542&  &cltasm12544&  &cltasmcmt12542& | **Mood**  &cltasm12537&  &cltasmcmt12537& |
| **Affect**  &cltasm40503&  &cltasm12536&  &cltasmcmt40503& | **Thought Process**  &cltasm40143&  &cltasm12533&  &cltasmcmt40143& | **Thought Content Hallucinations**  &cltasm40501&  &cltasm12534&  &cltasm40144&  &cltasmcmt40501& | **Thought Content Delusions**  &cltasm40502&  &cltasm12535&  &cltasm40160&  &cltasmcmt40502& |
| **Insight**  &cltasm13338&  &cltasmcmt13338& | **Judgment**  &cltasm13339&  &cltasmcmt13339& | **Suicidal Ideations**  &cltasm40580&  &cltasmnar40505&  &cltasm12277&  &cltasmcmt40580& | **Homicidal Ideation**  &cltasm40581&  &cltasmnar12278&  &cltasm12136&  &cltasmcmt40581& |

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| **Referral Needs** | |
| **Psychiatric/Medication Evaluation:** &cltasm12406& | **Action Taken:** &cltasm12407&  &cltasmnar12406& |
| **Care Management/Skills Training and Development:** &cltasm12414& | **Action Taken:** &cltasm12415&  &cltasmnar12414& |
| **Additional Referral Needs:** &cltasm13332& | **Action Taken:** &cltasm13333&  &cltasmnar13332& |

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| **Explanation of Treatment** |
| **Confidentiality, Scope of Services, Client Rights, Treatment Consent, Therapist's Credentials, Cost of Treatment, and Marital Therapy rights to medical records (if applicable) were explained to consumer and/or family?** &cltasm13334& |

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| **Assessment Summary and Initial Treatment Recommendations** |
| **Provide an integrated summary of the clinical conceptualization of the consumers presentation in the assessment including:**  **1. The Core Problem apparent in the presentation (the positive and negative factors that are likely to affect the consumers course of treatment and clinical outcomes after discharge)**  **2. Consumers perception of his/her needs.**  **3. Role of Spirituality or Religion**  &cltasm12077&  &cltasmcmt12077& |
| **Initial Diagnosis/Diagnostic Impression:**  &cltasm12079&  &cltasmcmt12079& |
| **Identify any co-occuring disorders (mental illness/substance abuse) or co-morbidities (mental illness/medical).**  &cltasm12080&  &cltasmcmt12080& |
| **Include the initial treatment recommendations (modalities and frequency), including goal in the consumers own words (including a discharge goal with modalities and frequency)**  **Please describe any consumer supports (caregivers, treatment providers) that were invited to be involved in treatment planning development.**  &cltasm12081&  &cltasmcmt12081& |

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| **Signatures** |
| **Staff Signature/Credentials/Date**  &STFCONSENTX& |

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| **Administrative Information** | | | |
| **Reference No.**  **&everef&** | **Date of Service**  **&evefmm&/&evefdd&/&evefyr&** | **Service Code**  **&evesrv& - &srvdsc&** | **Program**  **&evetrt& &eveprg& - &eveprgdsc&** |
| **Confirmation**  **&evecnfdsc&** | **Start Time – Stop Time**  **&evetim& - &eveend&** | **Sub-facility Code**  **&evesfc& - &evesfcdsc&** | **Place of Service**  **&eveplc& - &evepos&** |