

**Kansas Problem Gambling "Concerned Other" Treatment Intake and Assessment Form (1 of 2) 2/4/11**

**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
	<b>If Yes, ID Number:</b>	
<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>	✓
	01-Not of Hispanic Origin	
	02-Mexican	
	03-Puerto Rican	
	04-Cuban	
05-Other Hispanic		
5	<b>Race:</b>	✓
	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>	✓
	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>	✓
	01-Never married	
	02-Married	
	03-Divorced	
	04-Separated	
	05-Widowed	
06-Common-Law		
9	<b>Living Arrangements:</b>	✓
	01-Private Residence	
	02-Residential Facility (Substance Abuse)	
	03-MH, Corrections, Healthcare	
04-Transient/Homeless		
10	<b>Pregnant at Time of Admission:</b>	Yes No

11	<b>Education:</b>	✓
	01-Less than 12th Grade	
	02-GED/High School Diploma	
	03-Vocational Certification	
	04-Some College -No Degree	
	05-Associates Degree	
	06-Bachelor Degree	
07-Graduate/Advanced Degree (e.g. MA)		
12	<b>Employment Status:</b>	✓
	01-Employed Full-Time	
	02-Employed Part-Time	
	03-Unemployed	
04-Not in Labor Force		
13	<b>Source of Income/Support (Specify):</b>	
14	<b>Problem Gambling Treatment:</b>	Yes No
15	<b>Number of Instances:</b>	
16	<b>Substance Abuse Treatment:</b>	Yes No
17	<b>Number of Instances:</b>	
18	<b>Medication Assisted Opioid Therapy:</b>	Yes No
19	<b>Number of Instances:</b>	
20	<b>Co-Dependency Treatment:</b>	Yes No
21	<b>Number of Instances:</b>	
22	<b>Other Mental Health Treatment:</b>	Yes No
23	<b>Number of Instances:</b>	
24	<b>Unknown Treatment:</b>	Yes No
25	<b>Number of Instances:</b>	
26	<b>Frequency of Attendance Self-Help Programs at Admission:</b>	✓
	01-Daily	
	02-Weekly	
	03-Monthly	
04-Unknown		
27	<b>Credit Card Debt:</b>	Yes No
28	<b>Bad Checks:</b>	Yes No
29	<b>Contemplating Bankruptcy:</b>	Yes No
30	<b>Bankruptcy:</b>	Yes No
31	<b>Borrowing from Family/Friends:</b>	Yes No
32	<b>Borrowing from Other Sources:</b>	Yes No
33	<b>Difficulty with Household Bills:</b>	Yes No
34	<b>Using Equity or Savings Accounts:</b>	Yes No
35	<b>Payday Loans:</b>	Yes No
36	<b>Loan Defaults:</b>	Yes No
37	<b>Other Financial Issues:</b>	Yes No
38	<b>List Other Financial Issues:</b>	
39	<b>Amount of Gambling Debt:</b>	\$

Questions 40-44 Pertain to Problem Gambler Only		
40	Arrest	Yes No
41	Probation	Yes No
42	Jail	Yes No
43	Prison	Yes No
44	Pending Charges	Yes No
SA Issues (Use for Questions 45, 48, & 51)		
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	
Usual Route (Use for questions 46, 49, 52)		
1	- Oral	
2	- Smoking	
3	- Inhalation	
4	- Injection (IV or Intramuscular)	
5	- Other	
6	- N/A	
Frequency (Use for Questions 47, 50, & 53)		
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	
45	SA Issues – Primary Substance:	
46	Primary Substance Usual Route of Administration:	
47	Primary Substance Frequency of Use:	
48	SA Issues – Secondary Substance:	
49	Secondary Substance Usual Route of Administration:	
50	Secondary Substance Frequency of Use:	
51	SA Issues – Tertiary Substance:	
52	Tertiary Substance Usual Route of Administration:	
53	Tertiary Substance Frequency of Use:	
54	Sex Addiction:	Yes No
55	Internet Addiction:	Yes No
56	Eating Disorder:	Yes No
57	Other Addiction (specify):	Yes No
58	Other Psychiatric Issues (specify):	Yes No
59	On Meds For That/Those Diagnoses (specify):	Yes No
60	Current Medical Issues (specify):	Yes No

Treatment Authorized if "Yes" to 6 or More of Questions 61-80.		
61	Do you find yourself constantly bothered by bill collectors?	Yes No
62	Is the person in question often away from home for long, unexplained periods of time?	Yes No
63	Does this person ever lose time from work due to gambling?	Yes No
64	Do you feel that this person cannot be trusted with money?	Yes No
65	Does the person in question faithfully promise that he or she will stop gambling; beg, plead for another chance, yet gamble again and again?	Yes No
66	Does this person ever gamble longer than he or she intended to, until the last dollar is gone?	Yes No
67	Does person immediately return to gambling to try to recover losses, or to win more?	Yes No
68	Does this person ever gamble to get money to solve financial difficulties or have unrealistic expectations that gambling will bring family material comfort and wealth?	Yes No
69	Does this person borrow money to gamble or to pay gambling debts?	Yes No
70	Has this person's reputation ever suffered due to gambling, even to the extent of committing illegal acts to finance gambling?	Yes No
71	Have you come to the point of hiding money needed for living expenses, knowing that you and the rest of the family may go without food and clothing if you do not?	Yes No
72	Do you search this person's clothing or go through his or her wallet when the opportunity presents itself, or otherwise check his/her activities?	Yes No
73	Does the person in question hide his or her money?	Yes No
74	Have you noticed a personality change in the gambler as his or her gambling progresses?	Yes No
75	Does the person in question consistently lie to cover up or deny his or her gambling activities?	Yes No
76	Does this person use guilt induction as a method of shifting responsibilities for his or her gambling upon you?	Yes No
77	Do you attempt to anticipate this person's moods, or try to control his or her life?	Yes No
78	Does this person ever suffer from remorse or depression due to gambling, sometimes to the point of self- destruction?	Yes No
79	Has gambling ever brought you to the point of threatening to break up the family unit?	Yes No
80	Do you feel that your life together is a nightmare?	Yes No
81	Harm to Self/Suicide (presenting/current):	Yes No
82	If Harm to Self/Suicide (presenting/current):	<input checked="" type="checkbox"/>
	01-Thoughts	
	02-Threat	
	03-Plan	
	04-Action	
	00- N/A	
83	Number of Harm to Self/Suicide attempts:	
84	Perpetrated Violence (past year):	<input checked="" type="checkbox"/>
	1-None	
	2-Spouse/Partner Isolated Incident	
	3-Spouse/Partner Repeated Violence	
	4-Other Isolated Incident	
	5-Other Repeated Violence	
85	Type of Service:	<input checked="" type="checkbox"/>
	01-Assessment Only	
	02-Crisis Intervention	
	03-Consultation Only	
	04-Family/Couple Therapy	
	05-Support Services	
	06-Other	