The Transition House Inc.

NUTRITION SCREENING

Have you experienced an unintentional weight loss or gain of 10 pounds or more within the last 90 days?: No

Has a doctor or other medical professional placed you on a special diet?: No

Do you have a chronic chewing, swallowing or gastric difficulties that interfere with eating sufficient food?: No

It is our policy to recommend that you see a Primary Care Physician on a regular basis to maintain good physical health, especially when chronic conditions are identified.

When was the last time you had a physical Exam: March 2018

If it has been more than 12 months, have you referred your client to a PCP in the area or provided resources for the provider to call to make an appointment.: Yes

Have you had a decrease in food intake or appetite?: No

Any dental issues?: No

Have there been eating habits or behaviors that may be indicators of an eating disorder, such as binging or inducing vomiting: No

Counselor Comments: Patient said if [redacted] is feeling low [redacted] will eat a lot around midnight & that's how [redacted] gained 40 lbs in a few months. [redacted] also stated that [redacted] doesn't have a PCP.

ALLERGIES

Do you have any allergies to medications?: Yes (please describe)
Aspirin (get hives & can't breathe)
Codeine makes her itchy
Morphine makes her throw up

Do you have any food allergies: No

Do you have any environmental allergies: Yes (please describe)
Dogs
Various Weeds
Feather

HEPATITIS C RISK

Test and Vaccination History

Have you ever had Hepatitis?: No

Have you ever been told that you tested positive for Hepatitis?: No

Have you ever received a Hepatitis A Vaccine?: No

Have you ever received a Hepatitis B Vaccine?: No

Risk Exposure/CDC defined High Risk Groups for HCV infection

Have you ever received a transfusion of blood or blood components?: No

Have you ever received clotting factor components?: No

Have you ever received an organ transplant?: No

STD RISK ASSESSMENT

Evaluation:

Have you ever been sexually active?: Yes

If no please skip section.

1. Do you have sex with men or women? Both?: both

2. Do you use a condom when you have sex?: Sometimes

3. Does your partner(s) use condoms?: Sometimes

4. What do you consider your sexual behavior risks are when you drink or use drugs?: No Risk

5. Have you ever had sex with a prostitute?: No

6. Have you ever prostituted?: No

7. Do you generally know the people you sleep with?: Always

8. Have you had a blood transfusion in the last ten years?: No

9. How many different sex partners in the last five years?: 21 +

10. Have you had anal sex?: No

11. Have you had tested positive for any STDs in the past year?: No

Would you like to be referred for testing?: No

12. Have you ever been an IV drug user?: No

Have you ever had sexual intercourse with a known IV substance user?: No

13. Have you ever been tested for HIV/AIDS before?: Yes

Would you like to be referred for testing?: No

Was the client informed that we offer (through an outside agency) HIV counseling and testing?: Yes

PHQ-9

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things: 2-More than half the days

Feeling down, depressed, or hopeless: 2-More than half the days

Trouble falling or staying asleep or sleeping too much: 2-More than half the days

Feeling tired or having little energy: 3-Nearly every day

Poor appetite or overeating: 1-Several days

Feeling bad about yourself or that you are a failure or have let yourself or your family down: 3-Nearly every day

Trouble concentrating on things, such as reading the newspaper or watching television: 0-Not at all

Moving or speaking so slowly that other people could have noticed. Or the opposite--being so fidgety or restless that you have been moving around a lot more than usual: 1-Several days

Thoughts that you would be better off dead, or of hurting yourself in some way: 2-More than half the days

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?: Very difficult

Score the responses by adding up the corresponding numbers: 16

0-4: No or minimal depression; 5-9: Mild depression; 10-14: Moderate depression; 15-19: Moderately severe depression; 20-27: Severe depression

CAGE-AID

Do you drink alcohol?: Yes

Have you ever experimented with drugs?: No

In the last three months, have you felt you should CUT down or stop drinking or using drugs?: No

In the last three months, has anyone ANNOYED you or gotten on your nerves by telling you to cut down or stop drinking or using drugs?: No

In the last three months, have you felt GUILTY or bad about how much you drink or use drugs?: No

In the last three months, have you been waking up wanting to have an (EYE-opener) alcoholic drink or use drugs?: No

Each affirmative response earns one point. One point indicates a possible problem. Two points indicate a probable problem.

Screened positive for substance use problem?: No

CRAFFT

Part A

During the PAST 12 MONTHS, did you:

Drink any alcohol (more than a few sips)?: Yes

Smoke any marijuana or hashish?: Yes

Use anything else to get high (ie. illegal drugs, over the counter or prescription drugs, or things that you sniff or huff)?: No

Did the client answer 'Yes' to any questions in Part A?: Yes

Part B

C - Have you ever ridden in a CAR driven by someone (including yourself) who was 'high' or had been using alcohol or drugs?: Yes

R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?: Yes

A - Do you ever use alcohol/drugs while you are by yourself, ALONE?: Yes

F - Do you ever FORGET things you did while using alcohol or drugs?: No

F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?: No

T - Have you ever gotten into TROUBLE while you were using alcohol or drugs?: No

K-6

The following questions ask about how you have been feeling during the past 30 days. For each question, please circle the number that best describes how often you had this feeling.

During the past 30 days, about how often did you feel ...

Feeling Nervous: 2- Some of the time

Feeling Hopeless: 1- Only a little bit of the time

Feeling restless or fidgety: 2- Some of the time

Feeling so depressed that nothing could cheer you up: 2- Some of the time

Feeling that everything was an effort: 3- Most of the time

Feeling that you were worthless: 2- Some of the time

Clinicians add up the score: 12

The Kessler Psychological Distress Scale (K-6) is a simple measure of psychological distress which involves 6 questions about a person's emotional state. Each question is scored from 0 (none of the time) to 4 (All of the time). Scores of the 6 questions are then summed, yielding a minimum score of 0 and a maximum score of 24. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress.

SILS-SINGLE ITEM LITERACY

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?: 1-Never

PRESENTING PROBLEM

History of Behavioral Health Problem (Diagnostic and Treatment information):
No

Reason for referral and presenting and behavioral health problems (include information from the member, family, guardian and other collateral sources:
Almost out of her anti-depressants. Not sure if they are the right ones for her. They help her but [redacted] believes [redacted] need the correct ones. And her depression has been stable.

Is this client being readmitted within the past 180 days?: No

What are the symptoms and problems present at this time that have caused the client to seek treatment? Express in client's own words: .
[redacted] wants to not feel the need to hurt herself. Nothing makes her happy. [redacted] stated that [redacted] kind of hates herself, and [redacted] doesn't want to feel that way anymore.

[redacted] will know when therapy is working when [redacted] cane go a length of time without self-harm not sleeping 12 hours a night

SOCIAL AND FAMILY HISTORY

Describe the members early development, childhood and level of educational functioning:
Childhood was pretty good normal, single parent, lived with her grandparents. [redacted] also has her Masters. [redacted]

What is the members marital history, do they have any children? Describe these relationships (include issues involving sexual orientation and activity):
Never been married and doesn't have any kids.

Describe the member's military, occupational, financial and legal history. (List any current/pending charges:
No military, [redacted] received her Masters and is a [redacted] [redacted] quit her job and moved to Chattanooga in the July 2019. Her occupation is selling self-pure romance products.

How was the relationship with your father growing up?: Poor
Her parents divorced when [redacted] was one. [redacted] saw him once a year.

How was the relationship with your mother growing up?: Good
[redacted]'s her best friend. [redacted] was a single mother and it was just [redacted] and [redacted] sister with [redacted] mom.

How was your overall childhood?: Good
[redacted] was in dance, girl scout, cheer-leading, [redacted] got good grades. [redacted] had great friends, [redacted] had sleepovers. Everyone loved coming over her house.

Have any members of your family had the following (check all that apply and DOCUMENT): Other
None of the above

Children and Other People Living or Staying with You (include his / her name, relationship, and age): [redacted] lives in the in-law suit. But it's her bes tfriend, best friend's husband, and their kids [redacted] Client stated that [redacted] doesn't have to see them if [redacted] doesn't want to, so it's very private.

What needs does the member have with communication skills, interpersonal skills and community integration?:
Communication skills are alright
[redacted] is horrible with romance (relationships)
[redacted] stated that [redacted] really doesn't like people.

Children not Staying with You (include name, location, and his / her age): N/A

Do you have any friends in recovery or drug free, or that may have any mental health issues such as depression, anxiety etc.?: No

Who do you feel closest to and why?: Her sister. They have always been best friends. They never got into fights when they were little and [redacted] is a good person to talk to.

Has a significant friend or relative of yours died in the last year?: No

What is the family's/guardian's perception of what the member needs, expectations of program, ability and willingness to participate in treatment?:
[redacted] has no idea what her family thinks.

Do you have weapons located in your house?: Yes
A taser

What is the occupation, education, religion of each family member?:
Mom = sells food service equipment and [redacted] has a high school diploma
Sister = rents out vacation homes & is working on her bachelors.

Do your friends drink and/or use drugs?: Yes (If yes, explain)
They drink occasionally & smoke "pot"

Who would you like to involve in treatment?: No one.

What peer groups, social supports, or other natural supports does the member already have?:
Her best friend and her boss is lovely; her boss as actually been in depression treatment before. So, [redacted] is a big support.

What are the member's strengths, abilities, skills, preferences and barriers to recovery? How has the member adjusted to the disability?:
Strengths = good problem solving, very self-aware, good attention to detail,
Barriers = "When you don't like yourself you don't think you should get better" But [redacted] is open to it.

What current needs does the member have with regard to coping skills and stress management? Identify coping skills that have been successful in the past.:
Doesn't think [redacted] has any healthy coping skills. Stress management is not good as well, that's why [redacted] left her job and moved to [redacted] [redacted] is avoiding it.

What is the member's spiritual, cultural and ethnic background? How does this affect the member? Does the member have any special spiritual beliefs regarding treatment?: [redacted] identifies has a atheists. [redacted] is [redacted] and identifies with the [redacted]

Describe the member's family home, environment and composition and the relationship with each family member.:
Best friend & best friend's husband are really nice. Her best friend's kids are adopted which is awesome. Relationship is good with everyone there.

Counselor Comments:
Best friend & best friend's husband are aware that client is coming to treatment

LEGAL

Have you ever been convicted of any of the following offenses?: N/A

How many times have you been arrested?: Never

Are you waiting to go to trial / hearing?: No

Were you ordered into seeking treatment?: No

Are you currently on probation?: No

Are you currently on parole?: No

Are you currently in drug court?: No

Are you currently in domestic violence court?: No

Are you currently in Veterans Court?: No

VIOLENCE AND TRAUMA

Were you ever physically harmed by a family member, partner, or anyone else?: No

Did you ever witness a violent death or extreme violence against anyone else?: No

Did your parent or your partner ever have a pattern of making threats, putting you down, calling you names, or humiliating you?: Yes (specify age)
Past partner, many months ago.

Did you ever witness or were you involved in a severe accident or natural disaster?: No

Were you ever sexually assaulted?: No

When you were a child were you ever touched or fondled in a sexual way that made you feel uncomfortable or were you made to touch or fondle someone in a sexual way?: No

Has anyone stalked you by keeping track of your activities, causing you to feel concerned about your safety?: No

If you answered yes to any of the above questions about violence and sexual trauma, do you currently experience any of the following?: N/A