Name:	

## **Psychosocial Assessment**

	0 to 0
	Konta and a second
	st attendance in program, have you wished you were dead or wished you
Since intake assessment/la	st attendance in program, nave you was y
	vake up? Yes orNo
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	st attendance in program, have you actually had any thoughts of killing
Since intake assessment/la	St attendance in program, was a
ourself? Yes orNo	
s:	st attendance in program, have you been thinking about how you might do
this? Yes orNo	A STATE OF THE STA
	Market than Mark M
Since intake assessment/la	st attendance in program, have you had these thoughts and had some n? (As opposed to I have thoughts but would never do anything about them)
intention of acting on them	(As opposed to make the specific property)
a:i_talka assassment/la	st attendance in program, have you started to work out or worked out the
Since intake assessment to	elf and intend to carry out this plan? Yes orNo
Since intake assessment/la	st attendance in program, have you done anything, started to do anything, c end your life (collected/hoarded pills, given away valuables, written a suicid
note, tried to shoot/cut/ha	ng yourself)? Yes orNo
in any transfer	dal or violent thoughts? Please check all that apply.
	None currently
Current	None in past 6 months
Past 6 months Lifetime	None in lifetime
Lifetime	
	ts, please describe thoughts/plans/means/intent.
If having homicidal thought	In the state of th
If having homicidal thought	ts, please describe thoughts/plans/means/intent.  cess to weapons? Yes or No If yes, what kind of weapons?
If having homicidal thought	In the street speciment than the street speciment than the street speciment that the street speciment spec
If having homicidal thought	In the street speciment than the street speciment than the street speciment that the street speciment spec

Never		
Monthly or less		
2-4 times a month		
		Psychosocia
2-3 times per week		
4 or more times a w	veek	
What is the number of a	alcoholic drinks you typically hav	ve in a day, if you are drinking?
1 or 2	7 to 9	
3 or 4	10 or more	
5 or 6		
How often do you have 6	or more drinks on one occasion	?
Never	2-3 times per week	
Less than monthly	4 or more times per v	veek
Monthly		The particular and a few and a few areas for
What type of alcohol do	you use?	a tri sino rivita pertape, di salamana
What is your method for	acquiring alcohol? Check all that a	apply.
Barters or trades to o		
Have others buy for y		
Makes own alcohol		
Purchases independe	ntly	
Steals	the resemble that we had resemble want	
How often do you drink?_	WHAT THE THE STATE OF THE STATE	
When was your last drink?	10 (3)	and her world here. The control of the second
Have you had any problem	is resulting from your alcohol use?	
None identified	School Issues	
Financial	Social Problems	
Legal		
Family problems		
Loss of job		
Do you believe alcohol is a	problem for you? Yes or No	0
Have you used any drugs or	rillegal substances in the last 12 mo	onths? Yes or No
	ave you used?	
If Yes, which substance(s) h	Fentanyl	Methamphetamines
Amphetamines	Heroin	Morphine
Barbiturates Benzodiazepines	Hydrocodone	Nitrous Oxide
	LSD	Opium
Cocaine Codeine	MDMA (ecstasy)	Oxycodone
Crack	Marijuana	PCP
Inhalants	Buprenorphine	Buprenorphine/Naloxone
Methadone		

What is your method for acq	uiring substances? Please check all that apply.		
Barters or trades to obta	ain 40 cold and analysis to go		
Have others buy for you			
Makes own alcohol			
Purchases independently	у		
Steals			
How much do you use per w	reek for each substance?		
When was your last use?			
Have you had any problems	resulting from your drug use?		
None identified	School Issues		
Financial	Social Problems		
Legal	west there are dente of least least to the Hold yes, please dead		
Family problems			
Loss of job			
Do you believe drugs are a p	problem for you? Yes or No		
Have you engaged in any ad	dictive behaviors in the past 12 months? Yes orNo		
ni la la la la la la la nanda de	pelow, only check if you engage in these behaviors in an unhealthy way		
(interferes with your activiti	elow, only check it you engage in these sensitions in an amount,		
•	Pornography		
Eating Gambling	Sex		
Gaming	Shopping		
Internet			
Lawrence and the Park to the law of the law	Managhing Managar or Williams and American Street,		
What is your method of eng	gaging in addiction? Please check all that apply.		
Barters or trades to obt	ain		
Have others buy for you			
Makes own			
Purchases independent	:ly		
Steals items			
How often have you engage	ed in this addictive behavior?		
Age			
Care	ngaged in this addictive behavior?		
When is the last time you e	ngaged in this addictive behavior.		
Balliner Alleban Company of a	nt for any addictions in your lifetime? If yes, please list prior dates and		
	it for any addictions in your measures at 7557 France ,		
locations.			

Current caffeine use:Yes orNo	
Types of caffeine:  Coffee	
Amount of caffeine per day:	10 536 4 177 410 95 90 95 90 10 10 10
	There is no hallow and
Have you used tobacco products in the last 30 days? Yes or	No
Do you have any significant legal issues? Yes or No If ye.	s, please describe.
When water mother for according alcoholf English and a second	
Do you have any prior psychiatric hospitalizations?	
All and the second seco	with annual views text by the second
Are you currently attached to any outpatient providers?	
Primary Care Physician	
Individual Counselor	ristino of color it vo coming
Psychiatrist	protein production
Case Manager	arradi antara
Probation/Parole Officer/Lawyer	a state of the second
Do you have any family psychiatric history? Yes or No If yes type of mental illness?	s, which family member(s) and what
Do you have any family history of suicide? Yes or No If yes,	which family member(s)?

you have any family histor	y of addiction? Yes or	No If yes, which	n ramily member(s)?
nat is your marital status?			
Divorced	Single, in relationsh	nip	
Domestic Partner	Single, not in relati	onship	
Married	Widowed		
Separated			
lease describe relationship	(only choose 1)		
Close	Supportive		
Deceased	Unstable		
Distant	Violent/Abusive		
Estranged			
Current relationship length:	Total Catalograms		
Number of marriages/dome	estic partnerships:		
Previous relationship lengt	h:		
Service of the servic	elationship issues or stresson	what are their name:	s ages?
Name:		Name:	
Age:	1638	Age:	
Sex:		Sex:	
		Location:	
Location:		Name:	office property but done in
Name:		Age:	
Age:		0	
Sex:			
Location:			

Describe your relationship with children:		
house of a Children		
Is your family involved in you	care:Yes orNo	Short to have some
Describe your family's percep	tion of your illness:	Tonnah plane di Eni se i
Who do you currently live with	1?	
Assisted living	Homeless	
Group home	Home with others	
Home alone	Jail/Prison	
Home with caregiver	Nursing home	
Homeless		
Describe current living situation	1:	
Do you identify with any particu	ular religion?Yes orNo If yes,	then which one?
If yes, please describe your high	er power:	
	important role in your life?Yes or _	No
How does your spirituality/religio	on influence your health?	
Do you have any spiritual/religion	conflicts?	

scribe typical day?		and " and way " - emissions a figure and
hat do you do when you are	bored?	petrase del lair antingua a versus comuni
·		
re there any social groups/co	ommunity organizations	to which you belong?
Specific ages that are some	ero will train	the control on I may find a facilities of
What is the last grade of scho	ool you completed?	NY London
Degree/certifications:	High School	
None	Masters	
Associates	Vocational	
Bachelors	The same of the same of	
— GED	No	
GED  Are you currently a student	Yes orNO	
Are you currently a student		(4.23)
Zi a cutto	ently a student?	No
If yes, where are you a curre Has there been a change in	c mance?	Yes orNo
a change in	school performance	
Has there been a crision	anco.	I vands turniforms to promisered and o
hange in school p	performance.	0.57%
Describe change in school p	taki men ila basili	
The second second second	mgmsD	project of the second s
reserve parties a stopped	md1 101 1 3 5 1 3 9	Appents and
min and a second	11-75	
Describe any learning/beh	avioral problems.	
Describe any learning/ bearing/		corps and do
	administration of the second	to the second se
CARRIED STREET	slove to the system	
Describe any recent life tr	ansitions.	A seed of the seed
acribe any recent life to		

Are you currently employed? Yes or No	
Employer:	
Job Title:	
Please describe current occupation and job sati	
Please describe current occupation and job satu	
the state of the s	
	commentance process colors agrico as tall male.
Do you have any military history? Yes or	No If yes,
What branch(es):	
Discharge type?	
Year of discharge?	tender delte
Have you experienced any abuse? Yes or	No
Please check all that apply.	
Emotional	
Exploitational	
Physical Sexual	
Sexual	
	What is the timeframe of exploitational abuse?
What is the timeframe of emotional abuse?	Check all that apply.
Check all that apply.	Current
Current	Past 6 months
Past 6 months	Over lifetime
Over lifetime	None currently
None currently	None in past 6 months
None in past 6 months	None in past of the
f and of amount?	What is the timeframe of physical abuse?
What is the timeframe of neglect?	Check all that apply.
Check all that apply.	Current
Current	Past 6 months
Past 6 months	Over lifetime
Over lifetime	None currently
None currently None in past 6 months	None in past 6 months
None in past officials	

What is the timeframe of sexual abuse?	
check all that apply.	
Current	
Past 6 months	
Over lifetime	
None currently	
None in past 6 months	
Please describe any current/past/or pro	esent abuse:
	to an emble the public and provide the public black that and the second provide the secon
Was the previous abuse ever reported	? Yes or No If yes, who was it reported to?
	a to become provide a copy and the property of supply
	Vos or No
Have you experienced psychological t	rauma? Yes or No
If yes, what kind(s) have you experier	nced?
	Sexual
BullyingSCombatS	Significant Injury
Emotional —	Traumatic family loss
Life threatening disease	Victimization
Neglect	Witness harm to others
Physical	
Do you have safety concerns for you	urself or others? Yes or No
Are these concerns?	
Current	
Past 6 months	
Lifetime	
None currently	
Please describe safety concerns	
Was this concern for safety ever re	eported?
What are your strengths and barr	iers to recovery?
What are your goals for care, rec	covery, and discharge?
What are your goals for care, rec	
Name you had an attendant there a	No. of the second of the second second