



Gambling Treatment Program Admission Form

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Contract No.: _____

SAP Vendor No.: _____

Client ID No.: _____

Gender: Male Female Other _____

Admission Date: _____

Age: _____

Are you the significant other or family member of the gambler? Yes No

Ethnicity: *(Check one)*

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Hispanic <i>(Not Specified)</i> | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Not of Hispanic Origin | <input type="checkbox"/> Other Hispanic | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Unknown | | |

Race: *(Check one)*

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hawaiian or Other Pacific Islander | |
| <input type="checkbox"/> White | <input type="checkbox"/> Other: <i>(Specify)</i> _____ | |

Have you ever served in the Military:

- Yes No

County of Residence: _____

Type of Residence: *(Check one)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Private Residence | <input type="checkbox"/> Homeless | <input type="checkbox"/> Other Group Residential Setting |
| <input type="checkbox"/> Child in Placement | <input type="checkbox"/> Institution <i>(e.g., hospital, jail)</i> | <input type="checkbox"/> Other <i>(Specify):</i> _____ |

Principal Referral Source: *(Check one)*

- | | |
|--|---|
| <input type="checkbox"/> Self-Referral | <input type="checkbox"/> Employer |
| <input type="checkbox"/> County - MH/ID Program | <input type="checkbox"/> Family, Friends, Spouse/ Significant Other |
| <input type="checkbox"/> County - Drug and Alcohol | <input type="checkbox"/> Financial Counseling |
| <input type="checkbox"/> Court/Criminal Justice Referral | <input type="checkbox"/> GA/Gam-Anon |
| <input type="checkbox"/> Drug and Alcohol Provider | <input type="checkbox"/> Other Health Care Provider |
| <input type="checkbox"/> 1 800 GAMBLER Helpline | <input type="checkbox"/> Other |

Highest Grade Completed: *(Check one)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Less than High School Grad | <input type="checkbox"/> Vocational/Technical School | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Some College-No Degree | <input type="checkbox"/> No Formal Education |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Bachelor's Degree | |

Employment Status: *(Check more than one if applicable)*

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Active Military | <input type="checkbox"/> Disabled | <input type="checkbox"/> Full-Time |
| <input type="checkbox"/> Part-Time or Seasonal | <input type="checkbox"/> Retired | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Student | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Other |

Annual Household Income:*(Check one)*

- 0 - \$19,999
 \$20,000 - \$44,999
 \$45,000 - \$139,999
 \$140,000 +

Marital Status: *(Check one)*

- Divorced
 Living Together
 Married
 Separated
 Never Married
 Widow(er)

Criminal Justice Status: *(Check one)*

- None
 Correctional-Based Setting
 Juvenile Offender
 Charges Pending
 Parole
 Pre-Court Sentence
 Probation

Has client ever attended or received services for any reason from:

- GA/GamAnon
 Other Gambling Program
 Financial and/or Credit Counseling Service

Type(s) of Gambling Engaged In: *(Check all that apply)*

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> None <i>(for Significant Other Only)</i> | <input type="checkbox"/> Games of Skill | <input type="checkbox"/> Roulette | <input type="checkbox"/> Video Lottery Terminal (VLT) |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Horses/ Race Track | <input type="checkbox"/> Slot Machines | |
| <input type="checkbox"/> Cards | <input type="checkbox"/> iLottery | <input type="checkbox"/> Sports Betting | |
| <input type="checkbox"/> Dice Games | <input type="checkbox"/> Internet/ Online | <input type="checkbox"/> Stock/ Commodities | |
| <input type="checkbox"/> Dogs/ Other Animals | <input type="checkbox"/> Lottery | <input type="checkbox"/> Video Game Terminals (VGT) | |
| <input type="checkbox"/> Fantasy Sports | <input type="checkbox"/> Office Pools/ Raffles | <input type="checkbox"/> Video Gaming | |

During the past 12 months, how frequently have you gambled?

- Never
 Less than once a month
 1-3 days a month
 1-2 days a week
 3-6 days a week
 Daily

At what age did you first gamble or place your first bet? _____ *N/A (for significant other only)*

During the past 30 days, what amount of money did you spend on a typical day of gambling? _____ *N/A (for significant other only)*

During the past 30 days, how much time did you usually spend on a typical day of gambling?
_____ Hours _____ Minute *N/A (for significant other only)*

During the past 30 days, on how many days did you gamble? _____ Days *N/A (for significant other only)*

Gambling Location(s) during the last 12 months: *(Check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> None <i>(Significant Other Only)</i> | <input type="checkbox"/> Club/ Bar/ Restaurant | <input type="checkbox"/> Off Track Betting (OTB) |
| <input type="checkbox"/> Airport | <input type="checkbox"/> Fire Hall | <input type="checkbox"/> Race Track |
| <input type="checkbox"/> Bookie | <input type="checkbox"/> Grocery/Convenience Store | <input type="checkbox"/> School |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Home | <input type="checkbox"/> Truck Stop/ Gas Station |
| <input type="checkbox"/> Church/Community/ Senior Center | <input type="checkbox"/> Lottery Retailer | <input type="checkbox"/> Work |

Type(s) of Gambling-Related Problems Presenting at Admission *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Anxiety/ Depression | <input type="checkbox"/> Marital or Relationship |
| <input type="checkbox"/> Arrest/ Incarceration | <input type="checkbox"/> Mental Health Problems |
| <input type="checkbox"/> Borrowing or Theft from Relatives/ Friends | <input type="checkbox"/> Other Legal Problems |
| <input type="checkbox"/> Embezzlement | <input type="checkbox"/> Physical Health Problems |
| <input type="checkbox"/> Employment/ Education | <input type="checkbox"/> Significant Debt/ Bankruptcy |
| <input type="checkbox"/> Losing Savings/ Retirement | <input type="checkbox"/> Suicidal Ideation/ Thoughts/ Attempts |

Substance Use/Abuse

- Ever used illegal substances? Yes No
- Have you used illegal substances in the past 30 days? Yes No
- Ever used alcohol? Yes No
- Have you used alcohol in the past 30 days? Yes No
- Was this client treated concurrently for substance abuse by this Provider? Yes No

Nicotine

- Smoked tobacco in the last week? Yes No
- Used smokeless tobacco in the last week? Yes No
- Vaped in the last week? Yes No
- How many packs or cans per week? _____

Mental Health/ Intellectual Disabilities

- Ever treated for an intellectual/ developmental disability? Yes No
- Ever treated for MH Problem? Yes No

Score on the South Oaks Gambling Screen (SOGS) Form: _____

Score on the Gam-Anon Twenty Questions Form (signifigant other only): _____