



Pennsylvania
Department of Drug and
Alcohol Programs

Gambling Treatment Program Admission Form

One Penn Center, 5th Floor
2601 N. 3rd Street
Harrisburg, PA 17110
Email: RA-DA_GAMBLING@pa.gov
Ph: 717-783-8200 Fax: 717-787-6285

Contract No.: _____

SAP Vendor No.: _____

Client ID No.: _____

Gender: ☐ Man ☐ Woman ☐ 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 (Not Specified) | <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: (Specify) _____ | |

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 (e.g., hospital, jail) | <input type="checkbox"/> Other (Specify): _____ |

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 Level of Education Completed: (Check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Less than High School Grad | <input type="checkbox"/> Vocational/Technical School | <input type="checkbox"/> Post-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 ☐ Incarcerated ☐ Probation / Parole
☐ Charges pending/ filed ☐ Juvenile Detention

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

☐ GA/ Gam-Anon
☐ 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"/> Skill Machines	<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"/> Stocks/ 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/ Significant Other	<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
<input type="checkbox"/> Loss of Housing/ Transportation	

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/ cans/ tanks/ cartridges 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 (Significant other only):** _____**Where was the client assessment completed:**

- ☐ in-person (clinician setting)
- ☐ in-person (correctional setting)
- ☐ telehealth video

Where are the client sessions expected to be delivered:

- ☐ in-person (clinician setting)
- ☐ in-person (correctional setting)
- ☐ telehealth video
- ☐ both in-person and telehealth video