



Gambling Outpatient Treatment Program Admission Form

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 <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 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 (for Significant Other Only) | <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