

**GAMBLING SERVICES MANUAL**

**17.01C GAMBLING ADMISSION TREATMENT FORM**

**Provider PPA Number:**

**Client ID:**

**Sex:**  Male  Female

**Age:**

**Admission Date:** (mm/dd/yyyy)

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

**Ethnicity:**

- |   |   |                                       |
|---|---|---------------------------------------|
| <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:**

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

**Veteran Status:**  Yes  No **Honorable Discharge:**  Yes  No  N/A

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

**Principal Referral Source:** (Check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Self-Referral                       | <input type="checkbox"/> Family, Friends, Spouse/ Significant Other |
| <input type="checkbox"/> County- Children and Youth Agencies | <input type="checkbox"/> Financial Counseling                       |
| <input type="checkbox"/> County- MH/MR Program               | <input type="checkbox"/> GA/Gam-Anon                                |
| <input type="checkbox"/> County- Single County Authority     | <input type="checkbox"/> MR/Developmental Disabilities Provider     |
| <input type="checkbox"/> Court/Criminal Justice Referral     | <input type="checkbox"/> Other Community Referral                   |
| <input type="checkbox"/> D&A Provider                        | <input type="checkbox"/> Other Gambling Program: e.g., CCGP         |
| <input type="checkbox"/> DOH Gambling Addiction Hotline      | <input type="checkbox"/> Other Health Care Provider                 |
| <input type="checkbox"/> Employer                            | <input type="checkbox"/> School                                     |

**Highest Grade Completed:** (Check one)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Less than High School Grad | <input type="checkbox"/> Vocational/Technical School | <input type="checkbox"/> Bachelors Degree |
| <input type="checkbox"/> High School Diploma/GED    | <input type="checkbox"/> Some College-No degree      | <input type="checkbox"/> Graduate Degree  |
| <input type="checkbox"/> Associates Degree          | <input type="checkbox"/> No formal education         |   |

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Active Military                | <input type="checkbox"/> Disabled (not working at all) | <input type="checkbox"/> Employed Full-Time |
| <input type="checkbox"/> Employed 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              |
| <input type="checkbox"/> Unknown                        |  |   |

**Annual Household Income:** (Check one)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 0 - \$9,999      | <input type="checkbox"/> \$10,000- 19,999 | <input type="checkbox"/> \$20,000 -29,999 | <input type="checkbox"/> \$30,000 -39,999 |
| <input type="checkbox"/> \$40,000 -49,999 | <input type="checkbox"/> \$50,000- 99,999 | <input type="checkbox"/> \$100,000 +      | <input type="checkbox"/> Unknown          |

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**Marital Status:** (Check one)

- Divorced     Living Together     Married     Never Married     Separated     Widow/widower
- Unknown

**Religious Preference:** (Check one)

- Atheist/Agnostic     Buddhism     Catholic     Jewish
- Muslim     Protestant     Other (Specify):
- No Preference

**Criminal Justice Status:** (Check one)

- None     Correctional-based Setting     Juvenile Offender
- Parole     Pre-Court Sentence     Probation

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

- Yes     No    GA/GamAnon
- Yes     No    Other Gambling Program
- Yes     No    Financial and/or Credit Counseling Service

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> None (Significant Other Only)                                  | <input type="checkbox"/> Bingo                                       | <input type="checkbox"/> Cards                        |
| <input type="checkbox"/> Dice Games (including craps, over and under, other dice games) | <input type="checkbox"/> Lottery (Numbers, Scratch Offs, Quick Draw) | <input type="checkbox"/> Dogs/Other Animals           |
| <input type="checkbox"/> Games of Skill for Money (bowling, billiards, golf, etc.)      | <input type="checkbox"/> Racinos                                     | <input type="checkbox"/> Horses                       |
| <input type="checkbox"/> Internet & Other Games   | <input type="checkbox"/> Slot Machines                               | <input type="checkbox"/> Raffles (including 50/50)    |
| <input type="checkbox"/> Office Pools   | <input type="checkbox"/> Stock/Commodities Market                    | <input type="checkbox"/> Sports                       |
| <input type="checkbox"/> Roulette   | <input type="checkbox"/> Other                                       | <input type="checkbox"/> Video Lottery Terminal (VLT) |
| <input type="checkbox"/> Sports with Bookie   |  |   |
| <input type="checkbox"/> Unknown  |  |   |

**During the past 12 months, how frequently have you gambled:**

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

**At what age did you first gamble or place your first bet?**

**During the past 30 days, what amount of money did you spend on a typical day of gambling? \$**

**During the past 30 days, how much time did you usually spend on a typical day of gambling?**  
hours                  minutes

**During the past 30 days, on how many days did you gamble?                  days**

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

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> None (Significant Other Only) | <input type="checkbox"/> Bookie                  | <input type="checkbox"/> Casino     |
| <input type="checkbox"/> Church/Community Site         | <input type="checkbox"/> Club, Bar/Restaurant    | <input type="checkbox"/> Fire Hall  |
| <input type="checkbox"/> Grocery/Convenience Store     | <input type="checkbox"/> Home                    | <input type="checkbox"/> Internet   |
| <input type="checkbox"/> Lottery Retailer              | <input type="checkbox"/> Off-Track Betting (OTB) | <input type="checkbox"/> Race Track |
| <input type="checkbox"/> Racinos                       | <input type="checkbox"/> School                  | <input type="checkbox"/> Work       |
| <input type="checkbox"/> Other                         | <input type="checkbox"/> Unknown                 |                                     |

### GAMBLING SERVICES MANUAL

**Type(s) of Gambling Related Problems Presenting at admission** *(Check all that apply)*

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

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**Substance Use/Abuse**

- Ever used illegal substances?  Yes  No
- If yes, was substance use reviewed in the initial session?  Yes  No
- Was this client treated concurrently for substance abuse by this Provider?  Yes  No
- Does this Provider report substance abuse treatment to the BDAP Client Information System (CIS)?  Yes  No
- Have the substance abuse treatment services provided to this client been reported through CIS?  Yes  No

**Alcohol**

- Ever used alcohol?  Yes  No
- If yes, was alcohol use reviewed in the initial session?  Yes  No
- How many drinks do you have in a day? \_\_\_\_\_ Per week?

**Nicotine**

- Smoked tobacco in last week:  Yes  No
- Used smokeless tobacco in last week:  Yes  No
- How many packs or cans per day? \_\_\_\_\_ Per week?

**Mental Retardation/Developmental Disability:**

Yes  No

**Mental Health Related Conditions:**

- Ever Treated for MH Problem  Yes  No
- Ever Hospitalized for MH Problem  Yes  No

**Score on Admission Administration of the South Oaks Gambling Screen Form:**

Date of SOGS Administration: \_\_\_\_\_ (mm/dd/yyyy)