CPGTSP Client Intake Form

Client Information

Client's First Legal Name: _____

DOB: ___/___/_____ Place of Birth (State): _____

Gender: ___M ___F Mother's First Name: _____

Additional General Information

Status: Intake Client ID*:_____

Provider ID: _____ Provider Name: _____

Intake Date: ___/___/_____

Date of Initial Contact: ___/___/_____

Type of Client: Patient

Type of Program:
___Helpline
___Intensive Outpatient
___Other (Specify):_____
___Outpatient
___Residential
___Telephone Intervention Program

Referral Source:
___California Council on Problem Gambling
___Casino Signage
___Community Presentation
___Family/Friends
___Former Client
___GA or Gam-Anon
___Healthcare Professional
___Helpline (1-800-GAMBLER)
___Media (TV, Radio, Newspaper, Billboard)
___Office of Problem Gambling Website
___Other (Specify):_____
___Self-Exclusion Packet
___Telephone Book

Zip Code: _____ Phone Number:_____

Consent to Follow-up Survey: ___Yes ___No

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ENTER CLIENT DEMOGRAPHICS

Demographics

Are you Spanish, Hispanic, or Latino?
___No
___Yes, Mexican, Mexican American, Chicano
___Yes, Puerto Rican
___Yes, Cuban
___Yes, Other Hispanic
Clarification: _____

Race:
___American Indian or Alaska Native
___Asian Indian
___Black or African American
___Chinese
___Filipino
___Guamanian or Chamorro
___Hispanic
___Japanese
___Korean
___Native Hawaiian
___Other Asian
___Other Pacific Islander
___Other (Specify): _____
___Samoan
___Vietnamese
___White

Do you speak a language other than English at home? ___Yes ___No

If yes, what is this language? _____

If yes, how well do you speak English?
___Very well
___Well
___Not well
___Not well at all

Education:
___No schooling completed
___Nursery School to 4th grade
___5th – 8th grade
___9th grade
___10th grade
___11th grade
___12th grade, no degree
___Bachelor's Degree
___Some College Credit, less than 1 year
___1 or more years of college, no degree
___Associate Degree
___High School Diploma or Equivalent
___Master's Degree
___Professional Degree (ex. MD, DDS, JD)
___Doctorate Degree (ex. PhD, EdD)

Employment Status:
___Full Time
___Part Time
___Unemployed – Seeking Work
___Unemployed – Not Seeking Work

Occupation:
___Select Item
___Arts, Media, Entertainment
___Business, Finance
___Construction, Maintenance
___Education
___Food, Beverage
___Government
___Health Care, Social Services
___Information Technology
___Legal
___Military
___NA
___Office, Administration Support
___Other
___Retail, Sales

Household Income $:
___Less than $9,999
___$10,000 - $14,999
___$15,000 - $24,999
___$25,000 - $34,999
___$35,000 - $49,999
___$50,000 - $74,999
___$75,000 - $99,999
___$100,000 - $149,999
___$150,000 – $199,999
___$200,000 and above

Housing Status:
___Homeless
___Private Residence
___Residential Treatment Facility

If Residential Treatment Facility, what is the Facility type?
___Corrections ___Health Care ___Mental Health ___Substance Abuse

If Residential Treatment Facility, what is the Facility name?
_____

Cohabitants:
___None
___Unmarried Partner
___Friend
___Spouse
___Parent
___Other Unrelated/Roommate
___Children
___Relative
Total number of occupants: _____
Number in Household under 18:_____

Marital Status:
___Now Married
___Divorced
___Separated
___Widowed
___Single/Never Married
___Living with Partner/Cohabitation

How many children do you have? ____

CPGTSP TREATMENT QUESTIONNAIRE

Questionnaire Type: Intake Date: ___/___/_____

Therapist/Recorder: _____ Client ID*:_____

Provider ID*: _____ Case ID*:_____

Type of Client: Patient

Gambling Information Section

1. What type(s) of gambling have you or the problem gambler done in the last 12 months?

CA Card Room	Tribal Casinos	□ Sporting Events
□ Poker	□ Poker	□ Stock/Financial Market
□ Black Jack	□ Black Jack	□ Lottery
□ Pai Gow	□ Slot Machines	□ Dog Racing
□ Panguingue	□ Cal Roulette	□ Horse Racing
□ Chinese Poker	□ Cal Craps	□ Bingo
□ Other: _____	□ Video Poker	□ Dice
	□ Other: _____	□ Other: _____

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Casino (e.g. Las Vegas)	Internet
□ Slots	□ Keno
□ Poker	□ Poker
□ Mahjong	□ Black Jack
□ Roulette	□ Slot Machines
□ Craps	□ Video Poker
□ Video Poker	□ Roulette
□ Black Jack	□ Craps
□ Other: _____	□ Baccarat
	□ Other: _____

Venues

2. What venues do you or the problem gambler typically gamble in?

□ Bingo Hall	□ Family/Friends House	□ School
□ Casino	□ Food/Convenience Store	□ Internet
□Community Event	□ Off Track Betting Facility	□ Work
□ Private Club/Lodge	□ Day Trading/Brokerage House	□ Other *(specify)*:_____
□ Dog/Horse Track	□ Restaurant/Bar	

Percentages

3. What percentage of total gambling time do you or the problem gambler spend on the following activities?

____ Bingo	____ Keno	____ Slot Machines
____ Black Jack	____ Lottery	____ Sporting Events
____ Cards	____ Games of Skill	____ Stock/Financial Market
____ Dice	____ Poker	____ Video Poker
____ Dog racing	____ Raffles	____ Internet Gambling
____ Horse Racing	____ Roulette	____ Other *(specify)*: _____
		Gambling Percentage:_____

4. What is the household Gambling Debt? □ Casinos $_____

   □ Credit Cards $_____

   □ Family/Friends $_____

   □ Other: $_____

   _____

Frequency Questions

1. In the past year, on days that you or the problem gambler gambled, about how many hours were spent gambling per day? _____
2. In the past year, on days that you or the problem gambler gambled, about how much money was spent on gambling per day? _____
3. In the last year, how much money have you or the problem gambler spent on gambling in total? _____
4. At what age did you or the problem gambler gamble for the first time? _____
5. At what age did you or the problem gambler start having problems in life because of gambling? _____
6. When is the date of the last time you or the problem gambler gambled? _____
7. In the past year, how much money have you or the problem gambler lost gambling? _____

Gamblers Anonymous

1. Total number of GA/Gam-Anon Meetings in the last 12 months? _____
   If attended GA/Gam-Anon:
   a) Did you have a sponsor? ___NA ___Yes ___No
   b) Did you have a commitment to the meeting? ___NA ___Yes ___No

CPGTSP Assessments

1. Have there ever been periods lasting 2 weeks or longer when you spent a lot of time thinking about your gambling experiences, planning out future gambling ventures, bets, or thinking about ways of getting money to gamble with? ___NA ___Yes ___No

2. Have there ever been periods when you needed to gamble increasing amounts of money or place larger bets than before in order to get the same feeling of excitement? ___NA ___Yes ___No

3. Have you ever felt restless or irritable when trying to stop, cut down, or control your gambling? ___NA ___Yes ___No

4. Have you ever tried and not succeeded in stopping, cutting down, or controlling your gambling three or more times in your life? ___NA ___Yes ___No

5. Have you ever gambled to escape from personal problems or to relieve uncomfortable feelings such as guilt, anxiety, helplessness, or depression? ___NA ___Yes ___No

6. Has there ever been a period when, if you lost money gambling one day, you would often return another day to get even? ___NA ___Yes ___No

7. Have you lied to family members, friends, or others about how much you gamble, and/or about how much money you lost on at least three occasions? ___NA ___Yes ___No

8. Have you ever written a bad check or taken money that didn't belong to you from family members, friends, or anyone else in order to pay for your gambling? ___NA ___Yes ___No

9. Has your gambling ever caused serious or repeated problems in your relationships with any of your family members or friends, or has your gambling ever caused you problems at work or school? ___NA ___Yes ___No

10. Have you ever needed to ask family members, friends, a lending institution, or anyone else to loan you money or otherwise bail you out of a desperate situation that was largely caused by your gambling? ___NA ___Yes ___No

CPGTSP Score: _____

Treatment History

1. How many gambling therapists or counselors have you or the problem gambler seen to help deal with the gambling problem? ___0 ___1 ___2 or more

Illegal Acts and Consequences

1. Do you have any current or pending civil or criminal legal problems? ___NA ___Yes ___No

2. Are you currently awaiting trial or sentencing? ___NA ___Yes ___No

3. Was the charge related to gambling? ___NA ___Yes ___No

4. Was the charge related to:
   ___ Embezzlement
   ___ Theft
   ___ Robbery
   ___ Bad Checks
   ___ Fraud
   ___ Other (Specify):_____

5. How many days in the last 12 months were you detained or incarcerated? _____

6. Are you currently on probation or parole in any jurisdiction? ___NA ___Yes ___No

Co-occurring Issues

1. How would you rate your overall health right now?
   ___ Excellent
   ___ Very Good
   ___ Good
   ___ Fair
   ___ Poor

2. Family Member(s) with substance abuse problem?
   ___ None ___ Parents ___ Siblings
   ___ Children ___ Aunts/Uncles
   ___ Spouse ___ Grandparents

3. Family Member(s) with Gambling Problem
   ___ None ___ Parents ___ Siblings
   ___ Children ___ Aunts/Uncles
   ___ Spouse ___ Grandparents

4. In the past 12 months, has a doctor diagnosed or treated you for any of the following disorders?
   ___ Liver Disease ___ Hypertension ___ Diabetes
   ___ Obesity ___ Cancer ___ Chronic Respiratory Diseases
   ___ HIV/AIDS ___ Heart Disease ___ Stroke
   ___ Ulcer Disease ___ Other (Specify): _____

5. Do you currently have health insurance? ___NA ___Yes ___No

6. Do you have a stable primary health care provider? ___NA ___Yes ___No

7. Do you Smoke? ___NA ___Yes ___No
   If Yes:

How many cigarettes do you smoke per day? _____
How many minutes after waking up do you smoke? _____

8. Do you drink alcoholic beverages? ___NA ___Yes ___No
   If Yes:
   How many alcoholic beverages do you drink per week? ____
   In the past 30 days, how many times have you had
   more than 5 drinks at a sitting?_____

9. In the past 12 months, have you used any of the following substances?

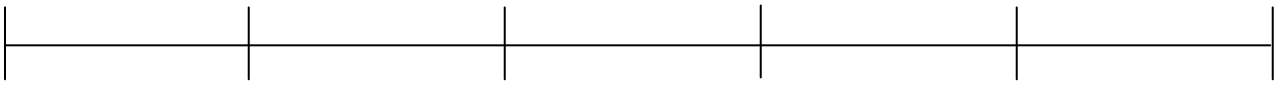
___Marijuana	___Hallucinogens
___Cocaine	___Inhalants
___Narcotics/Opiates	___Stimulants
___PCP	___Tranquilizers
___Methamphetamine	___Other (Specify):_____

10. In the past 12 months, has a doctor diagnosed or treated you for any of the following?
    ___Mood Disorders (ex. Depression, bipolar)
    ___Psychiatric Disorders (ex. Schizophrenia)
    ___Anxiety Disorders (ex. Obsessive compulsive disorder)
    ___Substance Abuse Disorder
    ___Personality Disorder (ex. Borderline)
    ___ADD/ADHD

Provider: Please use this box to indicate any co-occurring diagnoses you believe the client has or may have:

Quality of Life

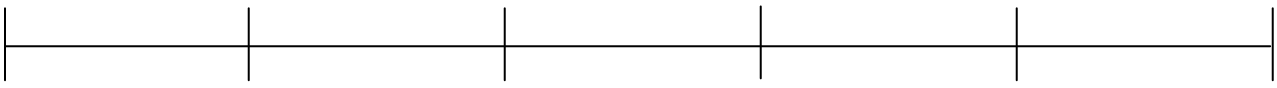
How would you rate your overall life satisfaction?



0 20 40 60 80 100

Absolute Worst (Suicidal) **Best Ever**

How strong are your urges/cravings/desires to gamble?



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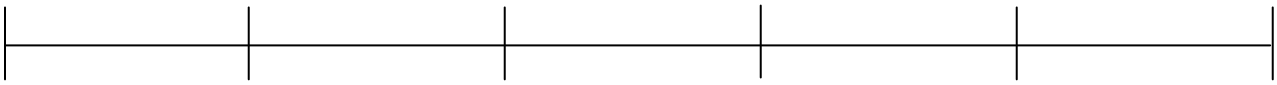
None At All **Strongest Ever**

How much control do you feel that you have over gambling?



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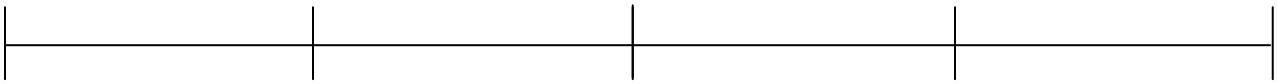
No Control **Complete Control**

How much impact does gambling have on your life?



-100 -50 0 50 100

Absolute Worst **No Impact** **Absolute Best**

Invoicing (Read Only)

Invoiced*:_____ Invoiced Date*:_____

Invoiced Number*:_____

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