

Comprehensive Assessment

Case Number: 306

Client: JASMINE MYCLIENT10
9876 SERVICE RD,
ANYWHERE, MN 25874

DOB: 12/28/1992

Age: 15

Gender: Female

Emergency Contact: HELEN MYCLIENT10

Funding: INSURANCE

General Information

Assessment Date (mm/dd/yyyy)

11/27/2008

Ethnicity

2 - BLACK / AFRICAN AMERICAN

Hispanic Origin

1 - NOT OF HISPANIC ORIGIN

Primary Referral

01 - SELF/FAMILY/REL/FRIEND

Secondary Referral

99 - NO SECONDARY SOURCE OF REFERRAL

Employment Status

06 - STUDENT

Enrolled In Job Training / School

2 - Enrolled, Full Time

Education

2 - SOME HIGH SCHOOL - NO DEGREE

Years Of Schooling

10

Past 30 Days, Residential Arrangements

4 - CHILDREN LIVING WITH THEIR FAMILY

Usual Living Situation

06 - WITH BOTH PARENTS

Primary Source Of Income

04 - SPOUSE/PARENTS

Veteran Status

1 - No

Past 30 Days, Attended Voluntary Self-Help Group(s)

2 - No

Past 30 Days, Interacted With Supportive Family/Friends

2 - No

Summary

This is a sample of a general summary

Criminal Justice

Valid Drivers License

No

Has Drivers License Been Revoked Because Of A Driving Incident Involving Alcohol Or Drugs?

5 - Not Applicable

Number Of Arrests In Lifetime

00

Is Client Curently Under The Jurisdiction Of A Court Or On Probation/Parole?

2 - No

Child Protection

How Many Children Does Client Have? (88 - No Children 99 - Unknown)

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Is Client Currently Involved With Child Protection Services?

8 - NO CHILDREN

If YES, What Does This Involvement Result From?

8 - NO CHILDREN/NO CHILD PROTECTION INVOLVEMENT

Are Any Of The Children Living With Someone Else Due To A Child Protection Court Order or Other Actions By Child Protection Services?

8 - NO CHILDREN/NO CHILD PROTECTION INVOLVEMENT

How Many Children Are Living With Someone Else For These Reasons? (88 - No Children/Not Involved 99 - Unknown)

88

How Many Children Has Client Lost Parental Rights? (88 - No Children/Not Involved 99 - Unknown)

88

Dimension I - Acute Intoxication/Withdrawal Potential

Withdrawal

What Symptoms Has Client Experienced Following Discontinuation Of Substance Use?

Sweating: Yes

Agitation: Yes

Sad/Depressed Feeling: Yes

Irritability: Yes

Headache: Yes

Diminished Appetite: Yes

Unable To Eat: Yes

Fatigue / Extremely Tired: Yes

Current Physical Discomfort or Withdrawal Concerns

None

Client's History Of Injection Drug Use

4 - MORE THAN 12 MONTHS AGO

Observations

Assessor's Visual Observations And Symptoms

You can type free form text into this area ...

Chemical Use/Background

Has Client Been To Detox Previously?

Yes

If YES, How Many Times?

001

When?

sometime

Primary Substance Problem

ALCOHOL

Route Of Administration: 1 - Oral

Frequency Used: daily

Age First Used: 12

Date Last Used: 11/25/2008

Secondary Substance Problem

MARIJUANA/HASHISH

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Route Of Administration: 2 - Smoking

Frequency Used: daily

Age First Used: 15

Date Last Used: 12/01/2008

Most Recent Breathalyzer (PBT, BAL) Result

This is a free form input box for typing

Of Prior Treatment Episodes

01

Outpatient

Yes

Residential

No

When And Where?

Free form typing box for answer

Release Of Information

Yes

Have Any Of The Treatments Been Under Civil Commitment?

Yes

If YES, Explain

Free form input

What Helped Client In Previous Treatments?

Free form input

Symptomatology

Solo Use: Yes

Mood Swings: Yes

Guilt/Remorse About Use: Yes

Loss Friends/Relationships: Yes

Reasons For Use

Like The Feeling: Yes

Trying To Forget Problems: Yes

Most Friends Drink Or Use: Yes

Dimension I Risk

Risk Assigned

3

Risk Criteria:

Client tolerates and copes with withdrawal discomfort poorly. Client has severe intoxication, such that the client endangers self and others, or intoxication has not abated with lesss intensive levels of services. Client displays severe signs and symptoms; or risk of severe, but manageable withdrawal; or withdrawal worsening despite detox at less intensive level.

Reason

Enter a summary comment in free form explaining the reason for the selected Risk Factor assignment

Dimension II - Biomedical Complications And Conditions

Health

Current Health/Medical Concerns Client Has

Client has no concerns

Medications

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Medication: SOUP

Dose: 1 BOWL

Frequency: DAILY

Administered: SELF ADMINISTER

Illness/Medical Conditions Client Is Recieving Care For

None at this time

Client Takes Medications/Recommendations As Precribed

Yes

Client Has Told Health Care Provider About Alcohol/Drug Use

Yes

Primary Physian

DR PAINLESS

987 MAIN AVE,

ANYWHERE, MN

Obtain Records?

Yes

Client Disabilities

NONE

Hearing Status

1 - Hearing

Linguistic Status

1 - English Proficiency

Health Care Provider Ever Counseled/Recommended That Client Reduce or Quit Alcohol/Drug Use

No

Pregnancy

Client Is Pregnant

2 - NOT PREGNANT

Client Is Receiving Prenatal Care

No

Provider

Client Has Been Pregnant In Past 12 Months

No

Live Births

Yes

Of Pregnancies In Lifetime

1

Neurological

Head Injuries

Yes

If YES, When:

test 1

More Than One Head Injury

Yes

Lost Consciousness

Yes

If YES, How Long:

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test long

Ever Been In A Coma

Yes

If YES, Explain:

test explain

Concerns With Short/Long Term Memory:

Yes

Surgeries/Tests

Past Surgeries:

test surgeries

Tests And Practices:

HIV: Yes

TB: Yes

HEPATITIS: Yes

STI's: Yes

PRACTICES SAFE SEX: Yes

Dimension II Risk

Risk Assigned:

1

Risk Criteria:

Client tolerates and copes with physical discomfort and is able to get the services that client needs.

Reason:

Dimension III - Emotional, Behavioral, Cognitive Conditions And Complications

Stressors / Problems

Boredom: Yes

Lack Of Transportation: Yes

Stress From Relationships: Yes

Physical Illness: Yes

Aging: Yes

Premenstrual Syndrome (PMS): Yes

Craving Alcohol or Drugs: Yes

Violence In Home: Yes

Things That Bother Client In Past 12 Months

Anxiety/Extreme Nervousness: Yes

Feeling Depressed Or Hopeless: Yes

Have Any Of These Issues Lasted More Than Two Or More Weeks?

Yes

Mental Health

Client Has Mental Health Concerns: Yes

Client Is Receiving Care For MH Issues: Yes

Client Is Prescribed MH Medications: Yes

Client Takes/Follows MH Medication Recommendations : Yes

Client Has Been Hospitalized For Psychiatric Care: Yes

Client Has Told MH Provider About Alcohol/Drug Use: Yes

If Applicable, Diagnosis, When And Where Client Was Hospitalized For Psychiatric Care:

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text x

test y

Abuse / Suicide

Abuse:

Client Has Been Verbally Abused: Yes

Client Has Been Sexually Abused: Yes

Client Has Been Abusive, Violent or Homicidal To Others: Yes

Client Was Under The Influence Of Alcohol/Drugs When Abusive: Yes

Has Client Attempted Suicide?

Once

If YES, Was Client Under The Influence Of Alcohol/Drugs When Attempted Suicide?

Yes

Current Suicide Risk:

Current Suicidal Thoughts

If Thoughts Of Suicide, Was Client Under The Influence Of Alcohol/Drugs When He/She Had Thoughts?

Yes

Dimension III Risk

Risk Assigned

2

Risk Criteria:

Client has difficulty with impulse control and lacks coping skills. Client has thoughts of suicide or harm to others without means; however the thoughts may interfere with participation in some treatment activities. Client has moderate symptoms of emotional, behavioral, or cognitive problems. Client is able to participate in most treatment activities.

Reasons:

test v

Dimension IV - Readiness To Change

Ability To Be A Good Parent Was Harmed By Drinking Or Drug Use: Yes

After Drinking Or Using Drugs, Had Trouble With Sleeping, Staying Asleep Or Nightmares: Yes

Has Driven A Motor Vehicle Under The Influence Of Alcohol Or Drugs: Yes

What Concerns Client About Alcohol/Drug Use?

This is a test input

What Worries Do Others Have In Relation To Client About His/Her Alcohol/Drug Use?

things that are worried about by others .. this is a test

How Has Alcohol/Drug Use Kept Client From Reaching Goals / Dreams?

Test entry for goals

How Has Alcohol/Drug Use Affected Client's Values / Beliefs?

test entry for values

Dimension IV Risk

Risk Assigned:

1

Risk Criteria:

Client is motivated with active reinforcement, to explore treatment and strategies for change, but ambivalent about illness or need for change.

Reasons:

test r1

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Dimension V - Relapse, Continued Use, And Continued Problem Potential

History

If Client tried To Control, Cut Down or Quit using - Explain Why And Success:

No success

When Was The Longest Period Client remained Abstinent/Sober Since He/She Started Using?

3 days

If Client Had A Period Of Sobriety, What Helped and What Led To Relapse?

nothing

Strengths And Weaknesses

Support Groups Attended:

testing 1 2 3

What Does Client See As His/Her Iner Strengths?

test inner strengths

What Are Client's Biggest Challenges / Weaknesses?

test weaknesses

Environment

What Activities Has Client Engaged In When Using That Are Hazardous To Self And Others? (Driving Vehicles, Unsafe Sex, Sharing Needles etc ..)

test

What Does Client Think Would Assist In Staying Sober/Straight?

xvcxvrr

Dimension V Risk

Risk Assigned:

1

Risk Criteria:

Client recognizes relapse issues and prevention strategies, but displays some vulnerability for further substance use or mental health problems.

Reasons:

vxcvxcvzx

Dimension VI - Recovery Environment

Problems And Concerns

Areas Of Problems And Concerns:

Family/Friends/relationships: Yes

Legal: Yes

Financial: Yes

Emotional: Yes

Sexual: Yes

Spiritual: Yes

Educational: Yes

Recreational/Leisure Time: Yes

Vocational/Employment: Yes

Living Arrangements: Yes

Client Lives With Someone Who Uses Alcohol/Drugs:

Yes

If YES, Would They Be Willing To Bot Use Alcohol/Drugs?

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Yes

Client Has Family and/or Friends Who Do Not Use Alcohol/Drugs

Yes

Client's Legal Status Involvement Includes Probation/Parole

Yes

Explanation Of Any Of The Problems And Concerns Above:

test explanation

Support

How Often Can Client Count On The Following?

Partner/Spouse: Not At All

Parent(s)/Aunt(s)/Uncle(s)/Grandparent(s): Always

Sibling(s)/Cousin(s): Once In Awhile

Child(ren): Once In Awhile

Other Relative(s): N/A

Friend(s)/Neighbor(s): N/A

Child(ren)'s Father(s): N/A

Support Group Member(s): N/A

If Other, Specify:

Dimension VI Risk

Risk Assigned:

1

Risk Criteria:

Client has passive social network support or family and significant other are not interested in the client's recovery. The client is engaged in structured meaningful activity.

Reasons:

nbvncnx

Diagnostic Assignment

Axis I Primary: 303.9 Alcohol Dependence

Secondary:

Other 1:

Other 2:

Other 3:

Other 4:

AXIS II Primary: 300 Anxiety Disorder NOS

Secondary:

AXIS III Primary:

Secondary:

AXIS IV Group : No

Social : No

Educational : No

Occupational : No

Housing : No

Economical : No

Health Access : No

Bluewater Mangement Systems
69 Garden Crescent
Paris, ON N3L 3T1
Ph: 519-442-7778

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Legal : No

Other : No

Details :

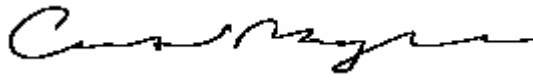
AXIS V High GAF : 01

Current GAF : 01

SMI : No

Details :

Case Manager:



Dated: 12/01/2008