

CONFIDENTIAL

HAWAI'I CARES INTAKE FORM

Added to WITS: YES NO

Name _____ Date: ____/____/____ Time: ____:____ AM/PM

To whom are you speaking with (if not client): _____

Do you give consent for Hawai'i CARES to contact any agency within our network for an assessment/treatment?

YES NO

Do you have any current/immediate medical or psychiatric concerns?

Have you been impacted by a natural disaster within the last two years? If yes can you tell me how it impacted you?

Current living arrangement:

____ Houseless/Homeless ____ Living in others home ____ Living in my own home ____ Jail/Incarcerated

Address: _____

City/Island: _____ Zip Code: _____

Contact number: _____ Alternate Phone: _____

of children living with you _____ Age(s): _____ Pregnant: YES NO

	Name	Relationship	Phone number
Referral Contact			() -
Personal Contact			() -
Emergency Contact			() -

Do you give consent for Hawai'i CARES to contact (list collateral contacts) if we are unable to get in contact with you? YES NO

Other Reference No. (A#, Adolescent Judiciary #, etc.): _____

Gender: _____ Date of Birth: ____/____/____ Marital Status: _____

Ethnicity: _____

Race: _____ Citizenship: _____ Veteran: YES NO

Presenting Problem (s) ("In Client's Own Words"):

CAGE-AID

- 1. Have you ever felt you should cut down on your drinking or drug use? YES NO
- 2. Have people annoyed you by criticizing your drinking or drug use? YES NO
- 3. Have you ever felt bad or guilty about your drinking or drug use? YES NO
- 4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover (eye opener)? YES NO

In the last 30 days have you misused alcohol or other drugs? YES NO LDOU: _____

Are you an Injection Drug User? YES NO

Do you consume tobacco products? YES NO

Have you been in a controlled environment in the past 30 days (e.g. jail)? YES NO

If so, where: _____

Do you have a history of causing physical harm to others? YES NO

If yes, current risk action: _____

Do you have a history of causing physical harm to yourself? YES NO

If yes, current risk action: _____

Describe current legal status:

Current medical problem(s):

List medications currently using (OTC and prescribed):

Health Insurance: _____ Membership #: _____

Employment Status: _____

Is transportation a challenge for you? YES NO

Have you received treatment in the past? If so, where: _____

What services are you interested in?

Counseling Sober Living Outpatient Residential Other: _____

REFERRAL

Was the referral made? YES NO

If not, please explain:

Notes:

Staff initials: _____