

CREATIVE COUNSELING SOLUTIONS, LLC

d.b.a. The WISE Place

210 N. Lewis Street

Metter, GA 30439

Phone: 912-601-7280 or 912-515-5026

Fax: 912-785-2008

Website: www.thewiseplace.org

Last _____ First _____ MI _____ Date ____ / ____ / ____

Address _____

City, State, Zip _____

Cell Number _____ Email _____ Password _____

Facebook Address _____ Password _____

Date of Birth ____ / ____ / ____ Age _____ Race _____ Sex _____

Years of School _____ SS# _____

DL# _____ State _____

Occupation _____

Have you ever been in a residential program in the past? _____ If yes, what services did you receive and when? _____

Probation/Attorney/Caseworker Contact Information

(1) Organization _____ Title/Name _____

Address _____ Phone _____

City, State, Zip _____ Fax _____

(2) Organization _____ Title/Name _____

Address _____ Phone _____

City, State, Zip _____ Fax _____

Release Information to _____

Charges Pending? Yes No If yes, what and where? _____

Emergency Contact: Name _____ Number _____

Special Meds Needed and For What?

*A minimum of 6 months validated stabilization needed before entry!

SIGNATURE _____ DATE _____

URICA- Name: _____

Date: _____

This questionnaire is to help us improve services. Each statement describes how a person might feel when starting therapy to approaching problems in their lives. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel. For all statements that refer to your "PROBLEM," answer in terms of what you write on the "PROBLEM" line below. In these questions, the word "HERE" refers to this program.

PROBLEM : _____

There are FIVE possible responses to each of the items in the questionnaire:

1- Strongly Disagree 2- Disagree 3- Undecided 4- Agree 5- Strongly Agree

- ___ 1. As far as I am concerned, I don't have any problem that needs changing.
- ___ 2. I think I might be ready for some self- improvement.
- ___ 3. I am doing something about the problems that have been bothering me.
- ___ 4. It might be worthwhile to work on my problem.
- ___ 5. I am not the one with a problem. It doesn't make much sense for me to be here.
- ___ 6. It worried me that I might slip back on a problem I have already changed, so I am here to seek help.
- ___ 7. I am finally doing some work on my problem.
- ___ 8. I've been thinking that I might want to change something about myself.
- ___ 9. I have been successful in working on my problem, but I'm not sure I can keep up the effort on my own.
- ___ 10. At times my problem is difficult, but I am working on it.
- ___ 11. Being here is pretty much a waste of time for me because the problem doesn't have to do with me.
- ___ 12. I'm hoping this place will help me to better understand myself.
- ___ 13. I guess I have faults, but there is nothing that I really need to change.
- ___ 14. I am really working hard to change.
- ___ 15. I have a problem and I really think I should work on it.
- ___ 16. I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.
- ___ 17. Even though I'm not always successful in changing, I am at least working on my problem.
- ___ 18. I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it.
- ___ 19. I wish I had more ideas on how to solve my problem.
- ___ 20. I have started working on my problems, but I would like help.
- ___ 21. Maybe this place will be able to help me.
- ___ 22. I may need a boost right now to help me maintain the changes I've already made.
- ___ 23. I may be part of the problem, but I don't really think I am.
- ___ 24. I hope that someone here will have some good advice for me.
- ___ 25. Anyone can talk about changing; I'm actually doing something about it.
- ___ 26. All this talk about psychology is boring. Why can't people just forget about their problems?
- ___ 27. I'm here to prevent myself from having a relapse of my problem.
- ___ 28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I has resolved.
- ___ 29. I have worries, but so does the next guy. Why spend time thinking about them?
- ___ 30. I am actively working on my problem.
- ___ 31. I would rather cope with my faults than try to change them.
- ___ 32. After all I have done to try to change my problem, every now and again it comes back to haunt me.

NAME _____

CREATIVE COUNSELING SOLUTIONS, LLC
d.b.a. The WISE Place
Authorization for Release of Information

I, _____, hereby authorize Creative Counseling Solutions, LLC d.b.a. The WISE Place to release to:

My Attorney: _____

The Probation Department

Bryan-Bulloch-Screven Co. Probation:Officer: _____

Sentinel Probation:Officer: _____

State Probation: Officer: _____

Other: _____

Family Members Specified: _____

Other: _____

Other: _____

From the assessment/counseling records of: _____

The following information is to be released:

___ Assessment/Recommendations ___ Progress in Program

___ Attendance/Lack of Attendance ___ Discharge Summary

___ Medical/Pharmacy Records

The purpose of this disclosure is for/to:

___ Continuity of Care/Collaboration ___ Probation Report

___ Assist with Legal Issue ___ Driver's License Reinstatement

___ Keep Family/Significant Other Informed ___ Assist With Employment Issues

The method of releasing this information will be by telephone, U.S. Mail, personal contact, fax and/or photocopies.

After giving due consideration to the extent of this release, I authorize the above named person/organization and/or members of their staff to furnish information about me to the parties as authorized above. Except as otherwise required by law, any information obtained will not be released by the above named person/organization to any other persons or organization unless I do authorize.

I understand that I may revoke this consent in writing at any time, except to the extent that action has been taken in reliance thereon. This authorization will expire one year after completion of my last assessment or counseling session at WISE.

In the event that I am court ordered to complete the WISE program, I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my release from confinement, probation, or parole or other proceeding under which I am mandated.

Client Signature _____

Date _____

Witness Signature _____

Date _____

Physical Health Assessment

- Are you currently under a doctor's care for anything?
Have you had any major illnesses/injuries or medical problems in the past?
Were there any developmental problems during childhood?
Are you taking any medications prescribed or over the counter?
Do you have access to medical care if you were to need it?
Rate your physical health (Excellent, Good Fair, Bad)
Do you have any learning problems or cognitive problems?
Have you been diagnosed with ADD or ADHD or similar disorder?

- This person does not report any current health problems
- This person reports current health issues that are causing problems (**employment, relationships, finances, transportation, fatigue, pain**)
- This person is being referred for health concerns
- This person is under a doctor's care
- This person reports he/she **does/does not** take prescription medication
- This person **accepts/denies** problems are due to drinking or drug use
- This person reports no problem with basic problem solving skills

- Other Comments:

Emotional Stability Assessment

- Is there any family history of emotional or mental health problems?
Have you ever been in treatment or counseling for emotional problems?
Have you ever feared you were going crazy or losing your mind?
Have you ever had hallucinations? (Not drug induced)
Have you ever been a victim of abuse? If so, what type? (Physical, emotional, verbal, sexual)
Have you ever drunk or used drugs to deal with any of these identified issues?
Do you feel emotionally overwhelmed outside of this interview?
Have you ever felt life was not worth living?
Have you ever tried to hurt yourself or commit suicide?
How do you handle anger?
In the last year have you displayed violent or aggressive behavior while drinking or using?
With whom and why? Did it involve another person or was it with property?

- This person appears to be emotionally stable
- This person displays a calm, controlled manner
- This person reports symptoms associated with emotional/mental health problems
- This person reports problems with **DEPRESSION / ANXIETY**
- This person reports **PHYSICAL, EMOTIONAL, VERBAL, SEXUAL** abuse
- This person reports a family history of **EMOTIONAL / MENTAL HEALTH** issues
- This person reports violent or aggressive behavior while **USING / NOT USING DRUGS** or **ALCOHOL**
- This person has **HOMICIDAL / SUICIDAL** ideation
- This person has attempted suicide
- Other Comments:

NAME _____

Personal Relationships/Support System Assessment

Are you in a relationship?

Are you sexually active?

Have you ever been tested for HIV or any other STD?

How many children do you support?

Do they live with you?

Describe your living arrangements.

Are you involved in any groups or organizations? (i.e. Church, AA, Fraternity/Sorority, Hunting Club, etc.)

Describe your spirituality.

What do you like to do for fun?

How often do you do those things?

Do you have a support system in place?

Is it adequate?

- This person is ____ married ____ separated ____ divorced ____ remarried ____ widowed
- This person has never married
- This person reports high risk sexual behavior
- This person currently lives with _____
- This person **IS / IS NOT** active in support group
- This person reports **ADEQUATE / MINIMAL** social support
- This person reports isolating behaviors
- Other Comments:

Employment Assessment

What is your employment status?

Are you satisfied with your work status?

Do you have any employment problems or concerns?

Have you had employment problems in the past five years?

Is your work environment positive and supportive?

What is the status of you finances? OK vs. Not OK? Are you in need of financial assistance?

- This person is a student and rates the experience as **POSITIVE / NEGATIVE**
- This person is a student and also employed
- This person is employed and rates his employment as **POSITIVE / NEGATIVE**
- This person is currently unemployed
- This person is employed but has employment issues
- This person is disabled and unable to work
- This person **IS HAVING / HAS HAD** financial difficulties (eviction, repossession, garnishment, bankruptcy)
- This person has a **CONSISTENT / INCONSISTENT** work history
- Other comments:

NAME _____

Education Assessment

How would you rate your level of education or current education situation?

Is your level of education adequate to meet your socioeconomic needs?

What are your grades like? What is your current GPA?

Have you been under academic or judicial review with school?

How many times have you been suspended or expelled from school?

- This person has completed _____ years of education / _____ GED.
- This person is currently attending college and is _____ Passing _____ Failing
- This person has difficulties with college requirements
- This person reports _____ minimal _____ moderate _____ major difficulty with basic problem solving skills
- This person is on academic probation
- Other Comments:

Criminal History Assessment

How many times have you been arrested for alcohol/drug related offenses?

What were your BAC results?

Have you had any misdemeanors or felonies not related to drugs or alcohol?

How many traffic citations have you had in the past 5 years?

- BAC at last arrest _____
- _____ Alcohol/drug arrests
- _____ NON alcohol/drug arrests
- _____ Incarcerations (other than arrests)
- _____ Citations
- _____ Probations
- _____ Revocations
- This person is on probation
- This person is on parole
- This person's criminal history suggests attitude and/or emotional problems that require further investigation.
- Other Comments:

NAME _____

Attitude/Appearance/Behavior Assessment

How do you feel about being here?

On a scale from 1 – 10, rate how you feel about yourself (1-worst, 10-best)

Are there any areas in your life that need improvement?

- Suggests a need to investigate the possibility of emotional vulnerability. Explain
- Suggests a self-critical attitude or low self-esteem. Explain
- Unusual anger or a non-caring attitude. Explain

Have you ever had a substance abuse assessment before? If yes, where and when?

Have you ever received services here before?

Have you ever been involved in substance abuse treatment/education? If yes, where and when?

Define an average drinker.

Have you ever drunk a fifth of liquor, 20 beers, or three bottles of wine in one day?

Have you ever tried to cutback or control your drinking or drug use and couldn't?

How many days a week would you have at least one drink?

How many drinks does it take to get you where you need to be?

Have you ever had a blackout, withdrawal symptoms, D.T.'s seizures, etc?

Have you experienced your hands shaking the morning after heavy drinking?

Have you tried illegal drugs?

Do you feel like you ever abused alcohol or drugs? Define abuse.

Do you drink or use more now than when you first started?

Do you use substances to relax?

Have you ever attended a support group such as AA, NA, CA, etc?

Have you ever had anyone complain about your substance use?

How old were you when you drank or used at least once a month?

Other Comments:

NAME _____

List substances you have used at least once in your lifetime.

- _____ Alcohol (beer, wine, liquor)
- _____ Amphetamines (Adderall, Dexedrine)
- _____ Barbiturates (Nembutal, Luminal, Phenobarbital)
- _____ Benzodiazepines (Xanax, Valium, Rohypnol, Ativan, Klonopin)
- _____ Cocaine (Crack, powder form)
- _____ Heroin (Diamorphine)
- _____ Methamphetamines (Crack, Crystal, Ice)
- _____ Opiates (Morphine, Codeine, Hydrocodone, Loratab, Vicodin, Dilaudid, Oxycodone)
- _____ Other Opiates (Demerol, Methodone, Fentanyl, Darvon)
- _____ Hallucinogens (LSD, PCP, Ketamine, MDA, MDEA)
- _____ Other Hallucinogens (Psilocybe mushrooms, Peyote, Cactus)
- _____ Inhalants
- _____ Marijuana
- _____ Anabolic Steroids
- _____ Designer Drugs (Ecstasy, MHG, Liquid X)
- _____ Psychotropic Medications (Zoloft, Risperdal, Seroquel, Haldol, etc)
- _____ Other (Explain) _____

Substance	Age of 1 st Use	Amount / Frequency	Duration of Use	Date of Last Use	Period of Heaviest Use	Amount Used in Last 24 hours

Notes: _____

Accepted Declined

Staff Signature: _____ Date: _____