

# Creative Counseling Solutions LLC

d.b.a The WISE Place

5 SW Broad St.

Metter, GA 30439

Phone: 912-601-7280 or 912-515-5026/ Fax: 912-785-2008

Website: www.thewiseplace.com

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_ Password: \_\_\_\_\_

Facebook Address: \_\_\_\_\_ Password: \_\_\_\_\_

DOB: \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Years of School: \_\_\_\_\_ SS# \_\_\_\_\_

DI # \_\_\_\_\_ Sate \_\_\_\_\_ 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 \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

List medications currently taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*A MINIMUM OF 6 MONTHS VALIDATED STABILIZATION MEDICATIONS NEEDED BEFORE ENTRY!**

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, or Bad)
- Do you have any learning or cognitive problems?
- Have you ever been diagnosed with ADD or ADHD or similar disorder?

#### Staff use:

- 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 that 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 hallucinated? (NOT drug induced)
- Have you ever been a victim of abuse? If so, what type? (Physical, emotional, verbal, sexual, mental)
- 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 like life was just not worth living?
- Have you ever tried to hurt yourself or tried to 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?

#### Staff use

- 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 \_\_\_\_\_

**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?

Are you currently pregnant?

How many children do you support? If any, do they live with you?

Describe your living arrangements.

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

Describe your spirituality?

What do you do for fun? If anything, how often do you do them?

Do you have a support system in place? If so, is it adequate?

**Staff use**

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 \_\_\_\_\_ Relation \_\_\_\_\_

This person IS/ IS NOT in an active support group

This person reports ADEQUATE/ INADEQUATE social support

Other comments \_\_\_\_\_

**EMPLOYMENT ASSESSMENT**

What is your employment status?

Are you satisfied with your employment status?

Do you have any employment problems or concerns?

Have you had employment issues in the past five years?

Is your work environment positive and supportive?

What is the status of your finances?  OKAY or  NOT OKAY

Are you in need of financial assistance?

**Staff use**

This person is a student and rates the experience as POSITIVE/ NEGATIVE

This person is a student and employed

This person is employed and rates the experience 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 \_\_\_\_\_

**EDUCATION ASSESSMENT**

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

Is your level of education adequate to meet your socio-economic 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?

**Staff use**

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 was 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?

Do you have any sex offenses? If so, what?

Do you have any violent crimes? If so, what?

BAC at last arrest \_\_\_\_\_

Alcohol/ drug arrests

NON alcohol/ drug arrests

Incarcerations (other than arrests)

Traffic Citations

Probations

Revocations

I am on probation

I am on parole

**Staff use**

This person's criminal history suggests attitude and/ or emotional problems that require further investigation.

Other comments \_\_\_\_\_

**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?**

**Staff use**

**\_\_\_ This person suggests a need to investigate the possibility of emotional vulnerability. Explain**

**\_\_\_ This person suggests a self- critical attitude or low self-esteem. Explain**

**\_\_\_ This person has an unusual anger or a non- caring attitude. Explain**

**Other comments:** \_\_\_\_\_

**Do you have an eating disorder?**

**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 5<sup>th</sup> of liquor, 20 beers, or three bottles of wine in one day?**

**Have you ever tried to cut back 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 ever experienced your hands shaking in 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 than when you first started?**

**Do you use substances to relax?**

**Have you ever attended a support group such as AA, NA, CR, 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** \_\_\_\_\_

**LIST OF 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)
- Inhalants
- Marijuana
- Anabolic Steroids
- Designer drugs (Ecstasy, MHG, Liquid X)
- Psychotropic Medications (Zoloft, Risperdal, Seroquel, Haldol, etc.)
- Other (Explain) \_\_\_\_\_

Substance	Age of 1 <sup>st</sup> 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: \_\_\_\_\_

**Creative Counseling Solutions**  
**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 organizations unless I do authorize.

I understand that I may revoke this content 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.

If I am court order to complete the WISE program, I understand that this content 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.

## 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 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 my time 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.

**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Counselor: \_\_\_\_\_

**Scoring System:**

Circle One – Intake - 30 day review - Outtake

GAF Score \_\_\_\_\_

Final Score \_\_\_\_\_

	Pre- Contemplation	Contemplation	Action	Maintenance
Omit 4	1.____ 5.____	2. ____ 8. ____	3. ____ 7.____	6. ____
Omit 9	11. ____ 13. ____	12. ____ 15. ____	10. ____ 14. ____	16. ____ 18. ____
Omit 20	23. ____ 26. ____	19. ____ 21. ____	17. ____ 25. ____	22. ____ 27. ____
Omit 31	29. ____	24. ____	30. ____	28. ____ 32. ____
<b>Total</b>				
<b>Total / 7 – Avg.</b>				

**\*Compute the “Readiness for Change” score via the following formula:**

**Intake: (Avg C + Avg A + M) -- Avg PC = Final Score**

**30 Review (Avg C + Avg A + M – Avg PC =**

**Outtake: Highest subscale score**

**Note: if tied, report the highest stage of change**

Stage	Group Average
Precontemplation	8.0 and below
Contemplation	8.1 to 11
Action	11.1 to 14
Maintenance	14.1 and up