

# Initial Client Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone#: \_\_\_\_\_ SSN#: \_\_\_\_\_

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

What brings you in for an evaluation today? \_\_\_\_\_

Are you pregnant? **Yes or No**

Do you use substances by injection? **Yes or No**

Is your physical health provider located at our local community health center? **Yes or No**

Is this for an OWI? If so, Please list the state and county. \_\_\_\_\_

How do you plan on paying for the evaluation today?  
\_\_\_\_\_

Do you have a history of heroin use or misuse of pain medications? **Yes or No**

Do you have a history of stimulant use or misuse of stimulant medication **Yes or No**  
(like cocaine, methamphetamine, amphetamines, or prescription meds like  
Ritalin, Vyvanse, Adderall)?

Have you been recently released from jail or prison? **Yes or no** If so, what is the date of your  
release? \_\_\_\_\_

Without a signed release of information we cannot share any of the results from today. Do you  
need to sign any releases of information to anyone such as Probation, Attorney, DHS, family  
member etc.?

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Who would you like for us to contact in case of emergency:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Have you been to ADDS in the past? If yes, when? \_\_\_\_\_

## Initial Client Information

Priority in treatment is as follows:

- 1) Pregnant women that are injecting drugs are top priority and must be seen within 48 hours.
- 2) Pregnant women not injecting drugs must be seen within 48 hours.
- 3) People injecting drugs (but not pregnant) need to be seen within 14 days.
- 4) All others.

Once we are full for the day with evaluations, we still need to screen individuals for pregnancy and injection drug use to make sure we can get them seen appropriately. Give the client options on when they can be seen the soonest in any of our offices.

### CHC

If the physical health provider is located at our local community health center then **refer to the ADDS counselor at CHC if at all possible. Clients can still be seen in the order they came in, only divert to Jessica if all other counselors are full.**

### Corrections Grant

Clients are eligible for this grant if they have no insurance. Must be IDPH eligible. Must be recently released from jail or prison. Must have a history of heroin use or misuse of pain medication, or stimulant use (like cocaine, methamphetamine, amphetamines, or prescription meds like Ritalin, Vyvanse, and Adderall).

If yes to both the corrections question and opioid / stimulant use question, then refer to ADDS Corrections Liaison to coordinate the evaluation, Mindy can provide assistance if the Liaison is not available. **Client is still seen in the order they came in, only divert to Kasarah / Mindy if all other counselors are full.**

### SOR2 / SOR2 Corrections Liaison Grant

Clients are eligible for this grant if they have no insurance. Must be IDPH eligible. Must have a history of heroin use or misuse of pain medication, or stimulant use (like cocaine, methamphetamine, amphetamines, or prescription meds like Ritalin, Vyvanse, Adderall)?

If yes to ONLY the opioid / stimulant use question, then refer to Mindy Sutak or an SOR2 counselor for them to coordinate the evaluation. **Client is still seen in the order they came in, only divert to SOR2 Counselors / Mindy if all other counselors are full.**

### OWI

If OWI - If out of state, the price is \$295 without insurance and an Iowa OWI evaluation is \$125 without insurance. Iowa Medicaid will cover the OWI evaluation for Illinois and Iowa, do you have Iowa Medicaid (yes or no)? For Illinois evaluations please gather the name and contact information for their referral source counselors will need to contact and complete a release of information for that individual, Secretary of State of Illinois, and possibly the defense attorney and county where they were charged in.