



SUD Intake Packet

Name: _____

What brought you in today? (Why now?)

List the problems you have experienced due to substance use:

Spiritual/religious affiliation:

Race/Ethnicity:

Cultural/Strengths:

ASPENPOINTE

INFECTIOUS DISEASE MEDICAL & BEHAVIORAL SCREENING TOOL

Client name _____ Date _____

(Please print)

Please circle the most accurate response to each question

1. Have you been a recipient of a blood transfusion or organ transplant (including receiving blood during birth or another surgical procedure)?

Yes No

2. Have you ever been or are you now on long-term hemodialysis (when blood from an artery passes through a coiled membrane tube and back into a vein)?

Yes No

3. Are you a recipient of clotting factor (a material that is given to help the blood clot when it can not on its own)?

Yes No

4. Have you ever been stuck by a needle or anything sharp that was likely to have been contaminated with hepatitis-C-infected blood?

Yes No

5. Did your birth mother have hepatitis?

Yes No

6. Have you ever experienced:

- Yellow discoloration of the eyes and skin
- Nausea (unexplained for long periods)
- Loss of both appetite and weight
- Swelling of the abdomen
- Dilation of tiny arterioles (little arteries) in the skin-breast enlargement in men
- Abnormal liver function/enzyme test

7. Have any of your sexual partners been infected with hepatitis B or C?

Yes No Don't Know

8. Have you ever gotten a body tattoo or body piercing?

Yes No

9. Mark all of the following that currently apply to you or that applied to you in the past:

- Close encounter with active TB
- Treated for TB
- Have had an abnormal chest X-ray
- Have had a positive TB test

Have you ever been diagnosed with any of the following medical conditions?

- HIV
- Diabetes
- Silicosis (a lung disease that is caused by inhaling silicon dioxide over a long period of time)
- Black Lung or coal miner's disease (anthracosis-caused by coal dust in the lungs)
- Bleeding/clotting factors
- Specific malignancies (refers to a cancerous tumor that may spread throughout the body)
- Kidney failure
- Any other immune disorder

10. Have you ever spent time in Africa, Asia, Latin America, Eastern Europe, or Russia?

Yes No

11. Have you ever been employed as a health care worker or volunteer who served high-risk clients?

Yes No

12. Have you ever been a resident or employee/volunteer at a :

- Correctional facility
- Nursing home
- Mental institution
- Homeless shelter
- Residential treatment facility
- Transitional living facility

13. Mark all of the following that currently apply to you or that applied to you in the past:

- Have had a continuous cough for more than three weeks
- Have coughed up blood/colored mucous
- Swollen, non-tender lymph nodes (at the base of the jaw and neck)
- Prolonged loss of appetite
- Unexplained weight loss of 10 pounds or more
- Recurrent fevers or heavy night sweats for more than three weeks

14. Have you had multiple sexual partners (more than one)?

Yes No

15. Have you ever had anal sex?

Yes No

16. How often have you used protection (condoms, etc.) when having sex?

Never Sometimes Always

17. Have you used needles to inject any substances in your body?

Yes No

18. Do you know or suspect that your sexual partners ever injected any substance with a needle?

Yes No

19. Have you or any of your sexual partners ever had (mark all of the following that currently apply to you or your sexual partners):

- Gonorrhea
- Syphilis
- Chlamydia
- HPV (Human Papilloma Virus) or genital warts
- Genital herpes
- Hepatitis
- Cervical cancer

Notification of Out-of-State Offender Placement
Out-of-State Offender Client Questionnaire

Client Name: _____
Social Security Number: _____

DOB: _____
Place of Birth: _____

The following questions must be answered by all clients seeking admission to this program for alcohol and drug education or treatment and are required by Colorado law. Refusal to cooperate, or failure to provide complete or accurate information, including failure to sign a release of information to the referring criminal justice agency, will result in immediate discharge from the treatment program and notification of authorities, in accord with the requirements in 17-27.1-101 C.R.S.

Are you applying for treatment because of a <u>current</u> requirement to attend a treatment program in Colorado by any court, department of corrections, state board of parole, probation department, parole division adult diversion program, or any other similar entity or program in another state?	<input type="checkbox"/> yes <input type="checkbox"/> no
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2. Are you, or will you, be under the supervision of a probation officer or parole officer in Colorado?	<input type="checkbox"/> yes <input type="checkbox"/> no
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As you do not have an assigned Colorado probation officer or parole officer, the Interstate Compact Office will be notified.

Is client a DUI offender?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you seeking education or treatment for the sole purpose of restoring your driving privileges as the result of an alcohol or drug related driving offense in another state but <u>are not under a court order</u> to do so?	<input type="checkbox"/> yes <input type="checkbox"/> no

Information regarding probation officer, parole officer, judge, or diversion officer: Name: _____ Address: _____ Phone Number: _____

Client Signature: _____

Date: _____

Client Name: _____

Adult Substance Use Recovery Group Guidelines

Updated 5/12/16

1. **How to complete treatment:** Consistently attend group at the level you need based on the intake assessment. The program consists of:
 - a. Enhanced Outpatient (3 groups a week, 2 hours per group) 6 weeks
 - b. Outpatient II (2 groups a week, 1.5 hours per group) 6 weeks
 - c. Outpatient I (1 group per week, 1.5 hours per group) 8 weeksIt is recommended that you continue in some aftercare program and/or other support group(s) for a year to ensure on-going recovery. You must attend the entire group session to receive credit toward completion.
2. **Missing groups:** Do not miss groups unless you absolutely have to do so. If you have to miss, make sure you tell your group facilitator as soon possible prior to the group. If you miss a group and do not call, we will attempt to call you. Missing more than 3 groups in any level of care may require you to restart that level.
3. **Positive urinalysis results:** A positive UA may result in the need to increase level of care. Following a positive UA, a negative UA may be required before returning to group.
4. **Punctuality:** This is also a respect issue. If you are more than 15 minutes late to group expect to be turned away and asked to return the next time the group meets.
5. **Drug and alcohol screening:** These will be obtained on a random basis. **This is an abstinence based program, so any marijuana and/or alcohol use, all illicit drug use, or abusing prescription medication while attending treatment is not allowed.** If you are unable to maintain your sobriety while in treatment, you may be recommended for a different level of care.
6. **Cell phones/electronic devices:** When coming to group, leave all cell phones and electronic devices turned off or in your vehicle. Failure to do so will result in being asked to leave group.
7. **Accountability:** The behaviors of others are not an excuse for your own behavior. You are in treatment with other people. They have different reasons of why they are in treatment. What may seem "unfair" to you may be appropriate for them because there are facts you don't know about other people in group. We will not tell you the circumstances of other clients due to confidentiality.
8. **Problems with other group members:** If you have an issue with someone that hinders your treatment experience, please discuss with program staff immediately for help in resolving the issue. Do not talk to others about it.
9. **Respect:** Respect does not involve side-talk, bad-mouthing others, negative talk, name calling, glamorizing using, inappropriate attire, and swearing. Avoid them at all costs. Respect means that you will not come to treatment while intoxicated by, under the influence of, or smelling of alcohol or any drugs. Doing so may trigger someone else.
10. **Relationships:** Although we encourage support from sober people, contact with other group members outside of group and/or the exchange of phone numbers will not be tolerated and will result in discharge from the program.
11. **Confidentiality:** It is very important to respect others confidentiality. Remember, what is said in group, stays in group. Disclosing any information about the group discussion or any of the group members will be reason for discharge from the program.

"I have read this entire sheet and understand it. If I don't understand it at any time, I will contact a program therapist for clarification."

Client Signature

Date