

**Central Minnesota Mental Health Center
Client Questionnaire – DA UPDATE**

Today's Date: _____

Identifying Information

Name: _____ Age: _____

Pronouns: _____ Sexual Orientation: _____

Mental Health History

Current Psychiatrist: _____

Clinic: _____ Last Seen: _____

YES or **NO** – I have been hospitalized for mental health reasons within the past year.

If yes, when and where? _____

YES or **NO** – My mental health services have changed in the past year.

If yes, what services? _____

YES or **NO** – My mental health medications have changed in the past year.

If yes, current medications? _____

Substance Use History

CAGE-AID Substance Abuse Screening

YES or **NO** – Have you felt you ought to cut down on your drinking or drug use?

YES or **NO** – Have people annoyed you by criticizing your drinking or drug use?

YES or **NO** – Do you feel bad or guilty about your drinking or drug use?

YES or **NO** – Have you ever had a drink or used drugs first thing in the morning to steady your nerves, get rid of a hangover, or to get the day started?

Chemical Use:

YES or **NO** I have had changes (increase/decrease) in chemical use in the past year.

If yes, describe:

YES or **NO** – I have attended CD Treatment in the past year.

If yes, when/where? _____

How important is it to you to stop using tobacco?

Not at all Important

Extremely Important

1 2 3 4 5 6 7 8 9 10 n/a

Would you like information about cutting down on tobacco use? **YES** or **NO**

Medical History

Primary Care Provider (doctor): _____

Clinic: _____ Last Appointment: _____

Please list any new medical issues (allergies, medications, surgeries, etc.) you have experienced in the past year:

YES or **NO** – I have a dentist I see regularly.

Basic Needs

Are you able to meet your needs in the following areas?

YES or **NO** – Housing **YES** or **NO** – Clothing

YES or **NO** – Nutrition **YES** or **NO** – Income

Employment

YES or **NO** – I have had changes in my employment within the past year.

If yes, describe: _____

Legal Considerations

Please list or describe any new legal issues: _____

Name(s) of Probation Officer/CPS Worker: _____

Release signed: **YES** or **NO**

Family

YES or **NO** – I have had changes in my family situation in the past year. If yes, describe:
