

To be completed by the client to provide information that will be helpful in developing how treatment is provided.

Yes No 1. Does faith or religion provide resources such as hope, prayer, meaning, comfort, community, other?

Yes No 2. Will your religious beliefs affect the way services are planned with you?

Yes No 3. Have you ever been involved in court proceedings or had legal problems?

Litigation Divorce Arrests Conviction
 Incarceration Parole/probation Other _____

Yes No 4. Are you involved in any current or pending legal issues (including applying for disability) that will affect the way services are planned with you?

Yes No 5. Do you experience difficulty with any of the following? If yes, explain.

Reading _____
 Speaking _____
 Hearing _____
 Learning _____
 Other _____

Yes No 6. Do you have any concerns about the safety or suitability (e.g., heating in winter) of your housing?

Yes No 7. Is it difficult to take care of yourself on your current income?

Yes No 8. Have you served in the military or alternate service?

To be completed to assist the clinician to determine the need for additional screening

Yes No 9. Have you ever had a problem with drugs, alcohol, or gambling?

Yes No 10. Have you ever experienced abuse?

Physical Emotional
 Sexual Domestic violence

Yes No 11. Do you have any problems taking care of yourself, managing money or property, or taking your medications as directed?

Yes No 12. Are you having thoughts of hurting yourself or others?

To be completed to assess the benefit of a referral

Yes No 12. Are you dissatisfied with your job/employment situation?

Need assistance to find a job/different job
 Illness/disability prevents you from maintaining employment

Completed by _____

Reviewed by _____

Date _____

Form No. 52 Rev. 3/12

Name: _____

Client ID: _____ DOB: _____

Oaklawn Psychiatric Center
SELF-REPORT - ADULT


 * S E L F R E P A D U L T *


 * A S S E S S M E N T S U M M A R Y *



Client ID

Document Date

* A S S E S S M E N T S U M M A R Y *