ADULT

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

Client ID	Document Date

SELF REP ADULT

ASSESSMENT SUMMARY

OP