



Social Work New Client Packet

2020

PLEASE PRINT

First Name _____ Last _____

Birth Date ___/___/___ Gender: _____

Home Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Your Primary Phone No. (____) _____ Secondary Phone No.(____) _____

Your Email _____

Emergency Contact Name _____ Phone No. (____) _____

OTHER MEMBERS OF YOUR HOUSEHOLD (USE OTHER SIDE, IF NEED.)

First Name _____ Last _____ Gender _____ Birth Date ___/___/___

First Name _____ Last _____ Gender _____ Birth Date ___/___/___

First Name _____ Last _____ Gender _____ Birth Date ___/___/___

First Name _____ Last _____ Gender _____ Birth Date ___/___/___

First Name _____ Last _____ Gender _____ Birth Date ___/___/___

Family member(s) ethnic background(s) include: ___Hispanic or Latino ___White ___Black/African American
___Asian ___American Indian/Alaskan Native ___Native Hawaiian/Pacific Islander
___Other _____
___ Black/African American & White ___Asian & White ___Other Multi-Racial

Have you seen a social worker here before? Yes___/No___ year? ___ Who? _____

For positive ID and to protect your identity, please present your Driver’s License or State-Issued ID.

Please Sign: _____ Today’s Date: _____

Please provide 24 hours notice if you must reschedule an appointment.

Please check in 10 minutes before your scheduled appointment time or you may be required to reschedule.

All information provided is confidential in accordance with the law.



(Please continue on next page)

WHAT BRINGS YOU TO HELPLINE HOUSE?

INCOME: Monthly Household Income? (incl. child support) _____

SOURCES of your income? _____

EXPENSES: How much Does Your Household Pay Each Month For These Things?

Child Support _____ Credit Cards _____ Housing Costs _____ Cable/Internet _____

Medical/Drug Costs _____ Utility Costs _____ Car Expenses _____ College Debt: _____

Other: _____

What benefits do you receive?

____ Food Benefits ____ DSHS Medical ____ TANF ____ WIC ____ Free/reduced School Lunches

____ SSDI(disability) ____ SSI ____ Soc. Security Retirement ____ Other Pension

____ Subsidized Housing ____ HRB Subsidized Housing ____ Energy Assistance

____ Unemployment Benefits ____ Other Benefits

Are you a veteran? __ Yes __ No **Do you receive VA Benefits?** _____

Is there anything else you would like us to know or want to discuss? _____

HOW DID YOU HEAR ABOUT HELPLINE HOUSE?

____ *Word of mouth* ____ *HH website* ____ *Facebook* ____ *Children's school/sports team*

____ *Doctor* ____ *Phonebook* ____ *Apartment manager* ____ *other* ____ *please describe*

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(Please continue on next page)

Name _____ Today's Date _____

Date of Birth: _____ Sex: ___ female ___ male ___ other

Have you seen a healthcare provider, therapist or counselor for any mental health concerns?

When? _____ **Who?** _____

DEPRESSION QUESTIONNAIRE (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (please circle your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless.	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself.	0	1	2	3

If you circled 1, 2, or 3 for some of the questions above, discuss your answers with a healthcare provider. Only a healthcare provider can make a diagnosis of depression. Also talk with your healthcare provider if you circled 1, 2, or 3 for question 9. Having repeated thoughts of death or suicide is the most serious symptom of depression. If you are thinking of harming yourself, get help **immediately**. Make your feelings known to someone who can help you--your healthcare provider, family members, or friends. Your healthcare provider is an excellent person to tell. If this is not



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possible, go to the nearest emergency room, or call 911 or the **National Suicide Hopeline at 1-800-SUICIDE (1-800-784-2433)**.

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Generalized Anxiety Disorder (GAD-7) Questionnaire

<i>Over the last 2 weeks, how often have you been bothered by the following problems?</i> (circle your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge.	0	1	2	3
2. Not being able to stop or control worrying.	0	1	2	3
3. Worrying too much about different things.	0	1	2	3
4. Trouble relaxing.	0	1	2	3
5. Being so restless that it is hard to sit still.	0	1	2	3
6. Becoming easily annoyed or irritable.	0	1	2	3
7. Feeling afraid as if something awful might happen.	0	1	2	3

_____ + _____ + _____ + _____

_____ = **Total Score**

10. If you checked off any problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____
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Alcohol Screen (CAGE)

- C Have you ever felt you should **cut down** on your drinking? _____
- A Have people ever **annoyed** you by criticizing your drinking? _____
- G Have you ever felt **guilty** about your drinking? _____
- E Have you ever had a drink first thing in the morning (an **eye-opener or early-morning drink**) to steady your nerves or get rid of a hangover or residual drug effect? _____

Drug Use Screen (DAST-10)

	Yes	No
1. Have you used drugs other than those required for medical reasons?		
2. Do you abuse more than one drug at a time?		
3. Are you unable to stop using drugs when you want to?		
4. Have you ever had blackouts or flashbacks as a result of drug use?		
5. Do you ever feel bad or guilty about your drug use?		
6. Does your spouse (or do your parents) ever complain about your involvement with drugs?		
7. Have you neglected your family because of your use of drugs?		
8. Have you engaged in illegal activities in order to obtain drugs?		
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
10. Have you had medical problems as a result of your drug use (eg. memory loss, hepatitis, convulsions, bleeding)?		

Have you sought treatment or are you currently in recovery from substance use? _____

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Helpline House Privacy Disclosure

Your privacy is important to us. We do not give your personal information to anyone outside Helpline House unless we are legally obligated to do so or you authorize us to disclose it. Exceptions to this and the other policies outlined in this form are made only in unusual circumstances (such as a medical emergency) and only when authorized by Helpline House’s Executive Director.

Please be aware that information that you share with us may sometimes be disclosed internally to other Helpline House employees and volunteers on a need-to-know basis. Additionally, the therapist may consult with other professionals who are held to the same standards of confidentiality if consultation would benefit the therapist’s ability to provide a quality service to you.

For instance, your information might be discussed among our social workers, who work collaboratively to provide the best possible service to you or Helpline staff may seek consultation with a licensed group of clinicians in order to best serve you.

In order to protect confidentiality, our social workers do not communicate with clients via social media. For instance, they will not accept friend requests on Facebook, follow you on Twitter, or connect with you on LinkedIn. From time to time, we might communicate with you via email, but please be aware that emails to or from Helpline House are not encrypted. Therefore, you should avoid sharing sensitive information with us via email.

You should also avoid discussing sensitive information in areas where other clients and visitors could overhear it, such as in our lobby, the food bank, or the parking lot. Similarly, please remember that Helpline House cannot ensure the privacy of information you choose to share with other clients in conversations, meetings, or group-therapy sessions.

By signing this form, you are indicating that you understand and consent to these policies. If you have any question about these policies, please ask you social worker before signing.

Please initial your choice below and, if you wish, ask the front desk for a copy.

_____ I decline a copy of this form _____ I received a copy of this form

Client Signature

Date

Printed Name

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