



Grid for Unique I-SMART ID

# Client Profile/Intake

Client: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

Home Phone: ( ) - \_\_\_\_\_

Intake Facility: \_\_\_\_\_

Intake Staff: \_\_\_\_\_

Date of Activity: / /

1. Gender:  Male  Female

2. Date of Birth: DD MM Y Y Y Y

3. Social Security #: \_\_\_\_\_

4. Race: (use 1,2 and 3 to indicate Primary, Secondary and Tertiary)

- Caucasian Black/African American
American Indian Asian
Hawaiian or Pacific Islander
Alaskan Native Unknown
Not Collected

5. Ethnicity:

- Not Spanish/Hispanic/Latino/Mexican
Puerto Rican Mexican
Cuban Other Hispanic or Latino

6. Created By: \_\_\_\_\_

10. Initial Contact:

- By Appointment Other
Phone Walk-in

7. Date of First Contact: / /

8. Intake Date: / /

17. Presenting Problem (in clients own words) \_\_\_\_\_

9. County of Residence: \_\_\_\_\_

10. Past IV Drug Use:  Yes  No  Denies

14. Source of Referral:

- Self Health Care Provider
Community Mental Health Clinic
Alcohol/Drug Abuse Provider
Other Individual Employer (EAP)
School TASC
OWI Federal Probation
State Probation Other Criminal Justice/court
Civil Commitment Division of Vocational Rehabilitation
Promise Jobs Drug Court
Zero Tolerance DHS Child Welfare DHS Child Abuse
DHS Drug Endangered Child
DHS Other Other Community
Parole Board

15. Special Initiative:

- Drug Endangered Children
Women with Children (Magellan Special Initiative)
Cultural Competency Grant
ATR
SBIRT
IRHIT
Families in Focus

16. Domain:  SA  GA  SBIRT