Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Clinical Profile Form

Name of Client: _____ Date of Report: _____

Counsellor: _____ Program #: _____

I. Using information gathered in interviews and referencing tools administered, briefly describe the client's strengths and needs below:

❍ Acute Intoxication and Withdrawal Needs:

(Health Screening Form, DHQ, Adverse Consequences)

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❍ Medical / Psychiatric Needs:
(Health Screening Form, Basis –32, Adverse Consequences)

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❍ Emotional / Behavioural Needs:
(Health Screening Form, Adverse Consequences, Basis-32)

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❍ Treatment Readiness (Socrates, TEQ):

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❍ Relapse Potential (DHQ, DTCQ):

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❍ Recovery Environment / Supports (Basis-32, PSS):

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❍ Barriers / Resources (Health Screening Form, Adverse Consequences, Basis-32):

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II. Has client had previous treatment? ❍ YES ❍ NO
Describe date and type attended, outcome, client's preferences:

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III. Describe quantity / frequency patterns of substance use prior to the past 12 months. Is pattern: ❍ about the same ❍ improved ❍ deteriorated

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IV. Is there evidence of problem gambling? ❍YES ❍ NO
Describe type, quantity / frequency patterns of current problem gambling. How does client wish to proceed? Describe changes in above prior to the past 12 months: Is pattern: ❍ about the same ❍ improved ❍ deteriorated

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V. Is there evidence of any other clinical issues that will make the client's treatment goals more difficult to attain? Issues might include such things as family of origin, trauma, loss etc. If yes, describe below.
❑ YES ❑ NO

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VI. In **your** clinical opinion, from your observations, interviews, other collateral information and client report, what impact has substance abuse had on other life areas?

❍ Family ❒ None ❒ Low ❒ Moderate ❒ Serious ❒ N/A

❍ Dependents ❒ None ❒ Low ❒ Moderate ❒ Serious ❒ N/A

❍ Accommodation ❒ None ❒ Low ❒ Moderate ❒ Serious ❒ N/A

❍ Work ❒ None ❒ Low ❒ Moderate ❒ Serious ❒ N/A

❍ School ❒ None ❒ Low ❒ Moderate ❒ Serious ❒ N/A

❍ Leisure ❒ None ❒ Low ❒ Moderate ❒ Serious ❒ N/A

❍ Legal ❒ None ❒ Low ❒ Moderate ❒ Serious ❒ N/A

❍ Health ❒ None ❒ Low ❒ Moderate ❒ Serious ❒ N/A

VII. How much therapeutic structure (i.e. weekly appointments, residential milieu, 24 hour access to staff) will be needed for client to meet identified goals?

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VIII. Are there acute health issues, unmanaged medical issues or concerns that could interfere with referrals at this time? ❑ YES ❑ NO
If yes, please comment:

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IX. **Mapping onto Admission and Discharge Criteria**:
Using the information gathered from tools and interviews, refer to page 16 of the A & D Criteria document and address the four concerns below:

Does the client need any / all of the following?

1. Withdrawal Management Services: ❑ YES ❑ NO
   - ❍ Community WMC _____
   - ❍ Residential WMC _____
   - ❍ Level I _____
   - ❍ Level II _____
   - ❍ Level III _____

2. Stabilization: ❑ YES ❑ NO

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3. Medical / Psychiatric Services: ❑ YES ❑ NO

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4. Residential Support: ❑ YES ❑ NO

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5. Other Comments:_____

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