Reno Problem Gambling Center

RPGC Enrollment – Gambling Assistance Program

*The following information that you are asked to provide is **confidential**. Your name will not be released without your written permission. The information requested will help us better understand how we can best assist you. The questions with an asterisk (*) are items required by the funding authority; this allows us to provide subsidized services to you.*

INTAKE

Client Name (First, MI, Last)	**Last 5 digits SSN:**	**DOB:** // //	**Gender:** ☐ M ☐ F ☐ U
1st Contact **1st Available** **Enrollment**		**Client ID**	
Address: **May we send mail to this address? Yes ☐ No ☐**		**County**	
City:	**State:**	**ZIP**	
Home Phone	**Cell Phone**	**Email Address**	

May we leave voice messages? **Home: Yes ☐ No ☐** **Cell: Yes ☐ No ☐**
May we send email messages? **Yes ☐ No ☐**

Are you familiar with *Project Worth Nevada*? Yes ☐ No ☐

***Referral Source:**
☐ Helpline ☐ Family/Friend ☐ Medical/Health Professional ☐ Casino Literature ☐ Television ☐ Radio
☐ Newspaper/Magazine ☐ Treatment Center Website ☐ Other Website: _____
☐ Project Worth ☐ Gamblers Anonymous or other group ☐ Court/probation dept/attorney/other legal
☐ Veterans Administration ☐ Self (returning client) ☐ Former/Other Client
☐ Other:

Why are you seeking services?

***Is Treatment Court Referred?** ☐ Y ☐ N

***Type of Services requested:**
☐ Outpatient-Gambler (Individual/Group) ☐ Outpatient-Concerned Other ☐ Residential
☐ Crisis Intervention Only ☐ Assessment Only ☐ Consultation Only

***Do you have health insurance?** ☐ Y ☐ N ☐ Refused/Declined to answer
☐ HMO ☐ PPO ☐ Medicare ☐ Medicaid ☐ VA ☐ Unsure ☐ Other:

DEMOGRAPHIC

Are you Hispanic, Latino/a/x, or Chicano/a/x? ☐ Y ☐ N
If yes, please indicate: ☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other _____

Which one or more of the following would you say is your race? (Select all that apply)
☐ White or Caucasian ☐ Black/African American ☐ Native American/Alaska Native
☐ West Asian (Middle Eastern) or North African ☐ Asian Indian ☐ Chinese ☐ Filipino
☐ Japanese ☐ Korean ☐ Vietnamese ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Asian
☐ Other Pacific Islander ☐ Other:

Which race or ethnicity do you <u>most</u> identify wih? (Select ONE)
☐ White or Caucasian ☐ Black/African American ☐ American Indian/Alaska Native
☐ West Asian (Middle Eastern) or North African ☐ Asian Indian ☐ Chinese ☐ Filipino
☐ Japanese ☐ Korean ☐ Vietnamese ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Asian
☐ Other Pacific Islander ☐ Other:

Education/Highest Degree Attained:
☐ Less than High School ☐ H.S. Diploma/GED ☐ Some College/Associate's Degree/Trade School
☐ Bachelors ☐ Masters ☐ Doctorate ☐ Refused/Declined to answer
☐ Other degree(s):

Marital Status: ☐ Single/Never Married ☐ Single/Widowed ☐ Single/Divorced ☐ Married/ Separated
☐ Married ☐ Living Together ☐ Refused/Declined to answer

PERSONAL ENVIRONMENT					
Interpersonal Relationship	**Name**	**Age**	**Occupation**	**How Long?**	**Quality of relationship**
Children	**Name**	**Age**	**Gender**	**Lives with you?**	**Quality of relationship**
Parents/Siblings	**Name**	**Age**	**Gender**	**Location**	**Quality of relationship**

Previous marriages/long-term relationships:

What city & state were you born in?	**If not Nevada, when did you move to Nevada?**
Who are the supportive people in your life?	**Who do you want involved in your treatment?**
What type of transportation do you use?	**Do you have a safe and substance free environment?** ☐ **Y** ☐ **N**

Have you served, or are you serving, in the U.S. military? ☐ Yes (currently) ☐ Yes (previously) ☐ No ☐ Refused/Declined to answer

Total Household Income before taxes: ☐ Refused/Declined to answer
☐ Less than $10,000 ☐ $10,000-14,999 ☐ $15,000-24,999 ☐ $25,000-34,999 ☐ $35,000-49,999
☐ $50,000-74,999 ☐ $75,000-99,999 ☐ $100,000-149,999 ☐ $150,000-199,999 ☐ $200,000 or more

Do you work in an environment where gambling is a dominant activity? ☐ **Y** ☐ **N**

Which category best describes the industry you primarily work in?
☐ Healthcare ☐ Education ☐ Hotel and Feed Services ☐ Construction ☐ Casino/Gaming
☐ Real Estate ☐ Financial ☐ Retail ☐ Software/Technology/Information
☐ Arts/Entertainment ☐ Refused/Declined to answer ☐ Other:

***What is your current Employment Status?**
☐ Employed Full-time ☐ Employed Part-time ☐ Disabled ☐ Retired ☐ Homemaker
☐ Unemployed, looking for work ☐ Refused/Declined to answer ☐ Other:

Are you able to meet personal/family financial needs? ☐ **Y** ☐ **N** ☐ Refused/Declined to answer

Do you own or rent the place where you live? ☐ **Own** ☐ **Rent** ☐ **Neither** ☐ Refused/Declined to answer

Which of the following best describe(s) your current living arrangement? (select one)
☐ Living alone ☐ Living with spouse/partner ☐ Living with your family ☐ Living with spouse/partner's family
☐ Living with friends/roommates ☐ Living in student housing/dorm ☐ Living in a residential facility
☐ Homeless/shelter/couchsurfing ☐ Refused/Declined to answer ☐ Other:

How many persons under 18, related or not, live in your home?	**Do any of the people you live with gamble?** ☐ **Y** ☐ **N**

PERSONAL CONSEQUENCES

What legal issues have you experienced as a result of your gambling (Select all that apply**)**

☐ Outstanding/pending Charges ☐ Arrest ☐ Jail ☐ County prison ☐ State prison ☐ Federal prison
☐ Probation ☐ Parole ☐ Mandatory Restitution ☐ Drug Court ☐ Gambling Diversion Court
☐ Other legal issues: ☐ No legal issues ☐ Refused/Declined to answer

History of Arrest Charge/Conviction	**Date**

What personal loss have you experienced as a result of your gambling? (Select all that apply)

☐ Divorce ☐ Separation ☐ Estrangement from family ☐ Loss of close friends ☐ Loss of romantic relationships
☐ Loss of trust from others ☐ Loss of mental stability ☐ Despair/Loss of hope ☐ Loss of self-esteem
☐ Loss of physical health ☐ Loss of time ☐ Job loss ☐ Financial loss
☐ Loss of freedom (incarceration) ☐ Other:
☐ No personal loss ☐ Refused/Declined to answer

What financial loss have you experienced as a result of your gambling? (Select all that apply)

☐ Increased healthcare costs ☐ Loss of credit ☐ Payday loans/cash advance ☐ Sold or pawned possessions
☐ Car repossessed/sold ☐ Bankruptcy ☐ Debt ☐ Foreclosure/Eviction ☐ Loss of work productivity
☐ Loss of savings ☐ Defaulted on loans
Inability to pay:
☐ Utility bills ☐ Car payment ☐ Mortgage/Rent ☐ Credit Cards ☐ Food/Groceries
☐ Health Insurance ☐ Car insurance ☐ Medical Bills ☐ Taxes
☐ Other financial loss:
☐ No financial loss ☐ Refused/Declined to answer

How much gambling-related debt, if any, do you currently owe?

In the *past 12 months*, have you received public assistance for any of the following as a result of your gambling?

☐ Healthcare ☐ Food Assistance ☐ Housing ☐ None

How old were you the first time you gambled?	**How old were you when you first thought your gambling was becoming a problem for you?**
Who were you with the first time you gambled?	**Where did you gamble the first time?**

When did you gamble last?	**Where did you gamble last?**	**How much did you spend?**
What was your biggest win?	**When & where?**	
What was your biggest loss?	**When & where?**	

Have you ever committed any illegal acts to finance your gambling or because of your gambling? ☐ **Y** ☐ **N**

GAMBLING HISTORY

Which of the following gambling games have you played <u>most frequently</u> in the past 12 months? (Select ONE)

☐ Table-Poker ☐ Table-Craps ☐ Table-Roulette ☐ Table-Blackjack ☐ Keno ☐ Slot machines
☐ Video-Poker ☐ Video-Keno ☐ Bingo ☐ Sports book ☐ Lottery ☐ Online Gambling
☐ eSports ☐ Stocks ☐ Fantasy Sports ☐ Daily Fantasy Sports ☐ Refused/Declined to answer
☐ Other:

Which of the following gambling games have you played <u>at any time</u> in the past 12 months? (Select all that apply)

☐ Table-Poker ☐ Table-Craps ☐ Table-Roulette ☐ Table-Blackjack ☐ Keno ☐ Slot machines
☐ Video-Poker ☐ Video-Keno ☐ Bingo ☐ Sports book ☐ Lottery ☐ Online Gambling
☐ eSports ☐ Stocks ☐ Fantasy Sports ☐ Daily Fantasy Sports ☐ Refused/Declined to answer
☐ Other:

In the past 12 months, on average, how many days a week did you gamble?

In the past 12 months, on average, how many hours would you gamble in one episode (i.e., in a single visit)?

In the past 12 months, what is the longest period of time you have gone without gambling?
_____ months _____ days _____ weeks

Not including this evaluation/enrollment, how many times have you started a professional problem gambling treatment program?

How many times have you completed a professional problem gambling treatment program?

Have you ever attended a Gamblers Anonymous (GA) or other community support meeting? ☐ **Y** ☐ **N**

How often do you attend GA or other community support meetings, on average?

Are you aware of gambling self-exclusion options in Nevada? ☐ **Y** ☐ **N**

Have you ever requested self-exclusion from a casino property, self-limited from promotional items from casinos, or self-limited from electronic betting in Nevada? ☐ **Y** ☐ **N**

HEALTH STATUS

How often do you consume tobacco or nicotine products, including vaping/e-cigarettes? (Select one)

☐ Daily ☐ A few times a week ☐ Once a week or less ☐ A few times a month
☐ A few times a year ☐ Less than a few times a year ☐ Never

In the past 12 months, which substances have you used on more than two occasions? (Select all that apply)

☐ None ☐ Alcohol ☐ Marijuana ☐ Cocaine ☐ Benzodiazepines ☐ Opiates ☐ Methamphetamines
☐ Prescription drugs ☐ Tobacco/Nicotine ☐ Other drugs/substances: _____

In the past 12 months, which substances have been problematic for you or have you tried to quit/cut down, or had someone express concern about? (Select all that apply)

☐ Alcohol ☐ Marijuana ☐ Cocaine ☐ Benzodiazepines ☐ Opiates ☐ Methamphetamines
☐ Prescription drugs ☐ Tobacco/Nicotine ☐ Other drugs/substances: _____
☐ None ☐ Refused/Declined to answer

In the past 12 months, which behaviors have been problematic for you? (Select all that apply)

☐ Non Gambling Video Gaming ☐ Mobile/Phone Games ☐ Shopping ☐ Sexual behaviors ☐ Internet Use
☐ Food or Disordered Eating ☐ Other behavioral issues: _____ ☐ None ☐ Refused/Declined to answer

Have you attended self-help or peer support programs for these problems? ☐ **Y** ☐ **N**
If yes, when/what type? _____

In the past 12 months, has there been any physical violence, sexual violence, stalking, or severe psychological harm between you and your current or former partner or spouse? ☐ **Y** ☐ **N**

In the past 12 months, how often have you thought about or threatened to end your own life? (Select one)

☐ Never/almost never ☐ A few times a year ☐ A few times a month ☐ Once a week
☐ 2-5 times a week ☐ Daily or almost daily ☐ Several times each day

How would you describe your <u>current</u> desire to end your own life?

☐ I do NOT have a desire ☐ I have a mild desire ☐ I have a moderate desire ☐ I have a strong desire

How likely is it you will attempt suicide some day?
☐ Not likely at all ☐ It is very unlikely ☐ It is unlikely ☐ It is somewhat likely ☐ It is likely ☐ It is very likely

Have you <u>ever attempted</u> to kill yourself? ☐ **Y** ☐ **N**

Do you have a family history of addiction?
☐ **Yes, primary relative** (mother/father/sister/brother) ☐ **Yes, other relative** ☐ **No** ☐ Refused/Declined to answer

Do you have a family history of problem gambling?
☐ **Yes, primary relative** (mother/father/sister/brother) ☐ **Yes, other relative** ☐ **No** ☐ Refused/Declined to answer

Do you have any disabilities?
☐ **Physical disability; able to work** ☐ **Physical disability; unable to work** ☐ **Mental disability; able to work**
☐ **Mental disability; unable to work** ☐ **No disabilities** ☐ Refused/Declined to answer

When was your last physical examination?	**Do you have any allergies?** ☐ **Y** ☐ **N** (If yes, list)

Have you had any of the following problems? (Mark all that apply)

☐ High Blood Pressure	☐ Cancer	☐ Seizures
☐ Heart Disease	☐ Backaches	☐ Diabetes
☐ Ringing in the Head	☐ Headaches	☐ Excessive sweats
☐ Loss of Memory	☐ Loss of Balance	☐ Liver/Kidney problems
☐ Numb fingers/toes	☐ Racing heartbeat	☐ Skin infections
☐ Bowel problems	☐ Dizziness	☐ Tuberculosis
☐ Stomach problems	☐ Painful urination	☐ Arthritis
☐ Chronic pain	☐ Impotence	☐ Abnormal pregnancy
☐ Tumors/Cysts	☐ Mental Confusion	☐ Miscarriage
☐ Other		

Have you had any serious injuries or overnight hospitalizations? ☐ **Y** ☐ **N**	(If Yes, when, what for, & any residual effects?)
Do you have any medical/dental concerns which are not currently being addressed? ☐ **Y** ☐ **N**	(If Yes, explain)
Have you had a sexually transmitted or communicable disease? ☐ **Y** ☐ **N**	(If Yes, when and are there residual effects)

Have you ever been in counseling for something other than a gambling or substance-use problem? ☐ **Y** ☐ **N**	If Yes, when/with whom?

How was that experience for you?

Have you recently experienced any of the following emotional states? (Mark all that apply)

☐ Loneliness	☐ Mood swings	☐ Seeing things that aren't there
☐ Fears or Phobias	☐ Physical fights	☐ Hearing things that aren't there
☐ Anxiety	☐ Recurring Anger	☐ Guilt/Shame
☐ Other		

Are you being medically treated for any of the above? ☐ **Y** ☐ **N**	**Have you or any member of your family experienced mental illness or psychotic episodes?** ☐ **Y** ☐ **N**

Medications you are currently taking, including dosage & why:	**Are you taking all medications as prescribed?** ☐ **Y** ☐ **N**

Other medications prescribed for you that you are not currently taking:

Ropinirole (Requip), Pramipexole (Mirapex), and Aripiprazole (Abilify) have been identified to trigger pathological gambling. Are you currently taking or have taken in the past any of them? ☐ **Y** ☐ **N**

Over the counter supplements/medications you are currently taking, why, & are they helping:

Have you previously or are you currently experiencing depression? ☐ **Y** ☐ **N**	If Yes, please explain

PERSONAL HABITS	
Do you drink more than 4 cups of coffee/soda per day? ☐ **Y** ☐ **N**	**Do you often skip meals?** ☐ **Y** ☐ **N**
Do you consider your dietary habits healthy? ☐ **Y** ☐ **N**	**Do you exercise regularly?** ☐ **Y** ☐ **N**
Are you currently pregnant? ☐ **Y** ☐ **N**	If Yes, how many months pregnant?

PERSONAL VALUES
What are your spiritual/religious interests?
What are your most important values?
What are your strengths and vulnerabilities?
List some of the major events or achievements you are proud of:
Anything else you think we should know to meet your needs?

DIAGNOSIS & TREATMENT	
DSM-5 score (# criteria) for Gambling Disorder	☐ **Mild** (4-5) ☐ **Moderate** (6-7) ☐ **Severe** (8-9)
☐ **Not in Remission** ☐ **Early** (3-12) ☐ **Sustained** (12+)	☐ **Episodic** ☐ **Persistent**
Preliminary Treatment Plan (Will the client be participating in outpatient or residential treatment?) ☐ **Outpatient** ☐ **Residential** ☐ **12-Step** ☐ **Other:**	

I understand the information provided in these documents will be used to determine my diagnosis and treatment. I will have the opportunity to ask questions of the RPGC staff

"I have had the opportunity to review this form and ask questions of the RPGC staff,"

Signature:_____ **Date:** _____