



Client Intake Form

Client Intake ID: New

Organization:

Location:

Client ID
Name / Nickname
/ Initials:

Date of Service:

Sex assigned at birth:

Male Female Non-binary (aka Other) - Specify:

Gender Identity:

Male Female Non-binary (aka Other) - Specify:

Client birth date: / /

Race:

Black/African American Native American/Alaskan Native
 White/Caucasian Unknown
 Asian Other - Specify:
 Middle Eastern Prefer not to answer

Ethnicity:

Hispanic Arab

County of Residence:

ZIP Code:

Housing:

In own house or apartment
 In someone else's house or apartment
 In transitional living (treatment, halfway house, etc)
 In a shelter

Outside

Other:

Household Income:

Number of dependents:

Health insurance:

Not insured

Insured through work or privately

Insured through family member

Medicaid/Medicare

Other:

Have you been to a primary care provider in the last 12 months?

Yes No

Have you been to the Emergency Room/ER in the last 12 months?

Yes No

How did you hear about our program?

Word-of-mouth

Michigan.gov/SSP Website

Advertisement:

Print (newspaper?)

Television

Radio

Billboard

Other

Social Media:

Facebook

Twitter

Snapchat

Instagram

Other

Transportation to visit our sites:

Public

- Private
- Ride/scooter share
- Walk/bike

Substance use:

Recent Use	Injection	Substance	Your Prescription	Not Your Prescription
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Heroin		
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Cocaine		
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Crack		
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Methamphetamine		
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Alcohol		
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Fentanyl (by itself)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Prescription Opioids	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Methadone	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Stimulants	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Growth hormones	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Cross-sex hormones	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Ecstasy/MDMA		
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Kratom		
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Bath Salts		

Recent Use	Injection	Substance	Your Prescription	Not Your Prescription
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Ketamine		
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Insulin	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Last 12 Months <input type="radio"/> Last 30 Days	<input type="radio"/> Injected <input type="radio"/> Injected Daily	Other: <input type="text"/>		

How often do you inject?

- Don't inject
- Several times a day
- Once a day
- A few times a week
- Less than once a week

How long have you been injecting?

- Less than a year
- 1-3 years
- 3-10 years

Age at First Injection?

If you use crack, do you?

- Smoke
- Inject
- Both

If you smoke, how often do you share your pipe?

- Never
- Hardly ever
- Half the time
- Almost all the time
- All the time

In the last 12 months, where have you gotten syringes?

- SSP

Through another SSP client

Pharmacy

Unsterile sources

Other

How often do you reuse your own syringe?

Never

1-2 times

3-10 times

More than 10 ('till the numbers wear off)

How often do you clean your syringe before reusing it?

Never

Sometimes

Always

What do you clean your syringe with?

Water

Bleach

Alcohol

Other

How often do you share syringes with somebody else?

Never

Hardly ever

Half the time

Almost all the time

All the time

Have you used another person's syringe in the last 12 months?

Yes No

Has someone used your syringe after you in the past 12 months?

Yes No

Have you shared a syringe to divide drugs in the last 12 months?

Yes No

How often do you share cookers, cottons or water with somebody else?

Never

Hardly ever

- Half the time
 - Almost all the time
 - All the time
-

About how many sex partners have you had in the past 6 months?

In the last 12 months have you had:

- Oral or anal sex with a male partner
- Condomless oral sex with a male partner
- Condomless anal sex with a male partner
- Vaginal sex with a female partner
- Condomless anal sex with a female partner
- Condomless vaginal sex with a female partner
- Anal sex with a female partner

How often do you use a condom?

- Never
- Not very often
- Often
- Almost all the time
- Always

Do you practice any other methods of safer sex?

- Monogamy
- FC2 (female condom)
- Oral vs vaginal or anal
- Lubrication
- Pull-out
- Other

Have you had an STI/STD diagnosis in the last 12 months?

- Chlamydia
- Gonorrhea
- Syphilis
- Trichomoniasis
- HPV
- Herpes
- Crabs/Lice

Other

Have you ever been diagnosed with Hepatitis C?

Yes No Unknown

If yes, have you ever been treated for Hepatitis C?

Yes No Unknown

Are you interested in being linked to care?

Currently in care Yes Referral No Later

When, approximately, was your last Hepatitis C test?

Are you interested in being tested for Hepatitis C?

Yes No Later Referral

Are you living with HIV?

Yes No Unknown

Are you interested in being linked to care?

Currently in care Yes Referral No Later

When, approximately, was your last HIV test?

Are you interested in being tested for HIV?

Yes No Later Referral

Have you ever been diagnosed with Hepatitis A?

Yes No Unsure

Have you been vaccinated for Hepatitis A?

Yes No Unsure

Do you want to be vaccinated for Hepatitis A?

Yes No Later Referral

Have you ever been diagnosed with Hepatitis B?

Yes No Unsure

Have you been vaccinated for Hepatitis B?

Yes No Unsure

Do you want to be vaccinated for Hepatitis B?

- Yes No Later Referral
-

Have you ever overdosed?

- Yes No Unsure

Have you ever witnessed an overdose?

- Yes No Unsure

How often do you use different drugs at the same time?

- Never
 Hardly ever
 Half the time
 Almost all the time
 All the time

How many times in the last year have you not used for 3 or more days in a row?

- Never
 A few
 A lot
 Hardly use at all

How often do you inject alone?

- Never
 Hardly ever
 Half the time
 Almost all the time
 All the time

Do you know how to respond to an overdose with naloxone?

- Yes No Unsure

Do you want to receive training on how to respond to an overdose with naloxone?

- Yes No Unsure

Are you interested in working with a recovery coach?

- Yes No Later Referral

Are you interested in hearing about substance use treatment options?

- Yes No Later

Are you interested in being referred to substance use treatment?

Yes No Later

What kind of substance use treatment are you interested in?

Referral

- Suboxone/Subutex
- Methadone
- Vivitrol
- Inpatient
- Outpatient
- Support group (12-step, SMART, etc)

Save

Close

Next

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