

## Intertribal treatment application checklist:

- o Indian Health Service application
- o Identification:
  - o Social Security Card
  - State Identification
  - o Tribal Identification
- Assessment (GAF 55 and below)
- o Physical
- TB test (If results are positive you will need a chest x-ray and take INH medication for 30 consecutive days.)

## IHS ABERDEEN AREA NEBRASKA URBAN INDIAN HEALTH COALITION AND INTERTRIBAL 2240 Landon Court Omaha, NE 68102

Pre-Admission Application
For
Residential Behavior Health Services

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Today's Date	The state of the s	<del></del>	
	) <u>I</u>	GENERAL INFORM	MATION
NAME - PLEASE I	PRINT		SOCIAL SECURITY NUMBER
LAST:	FIR:	ST:MI	
CURRENT ADDRE	= =		PHONE NUMBERS Work ()
]		State:Zip	
1		live	
		44033544# WWW.	
Tribe	Enrollment#	Degree of Blood	DOB:
	·		Current Age:
Sex	Height / Weight	Marital Status	Dependents
Male	Height	Single	
Female	Weight	Married	
Leada Shade vir in a respectatore e Califfé	Market Annual Company of the Company	Divorced	
Source of Income		Medical Insur	
EMERGENCY CONT			
		n! ( )	
			Relationship to you
Address:			State:Zlp:
		RDASON KORRDE	CRRAIL CONTRACTOR OF THE CONTR
Who suggested or	is requiring you to seek t	reatment? Their name:	
Address:		_ City:	State: Zip:
	***************************************		
	и. отн	ER CONTACT INFO	RMATION
Attorney Name:	V-V-40000000000000000000000000000000000	Pho	ne#:
	W. C.		

Probation or Parole Officer:	-	Phone #:	
Address;	Clty:	State:	Zip:
I	V. MILITARY EX	KPERIENCE	· · · · · · · · · · · · · · · · · · ·
Are you a veteran?Yes	No If yes, we	re you involved in active dut	y?YesNo
Type of Discharge Received:			
V	EDUCATIONAL	EXPERIENCE	
CIRCLE HIGHEST GRADE CO		eve you had additional training	
1 2 3 4 5 6 7 8 9 10 11 12		ducation?Yes	(100)
Degree		,	
	VI. LEGAL H	ISTORY	1 . 4 . 2 . 1 . I.
List legal problems/charges that are th	e direct result of alcohol a	nd /or drugs that you have e	xperienced:
		V	
Have you been charged with driving ur	nder the influence?	YesNo How many t	imes were you
charged with this offense?			138, 258 petas 1949 metro. Les Françoise
Is there a legal action of any kind pend			No If ves.
Explain:			
х			
	VII. MEDICAL F	USTORY	
Are you presently under a doctor's care	?YesNo		and the second second
If yes, for what condition?			
	TA WARA		Are
you currently on any prescribed me	dication of any kind?	Yes No If yes, ple	ease specifically list
each medication you are on:			
		· · ·	***************************************
***		YW	
			1/2015
Physician's Name:			
Hospital or Clinic:			
Address:	City:	State: Z	Jp:
List current/past medical problems:		***************************************	
Oo you have allergies?Yes^	lo If yes, please explain:		
	0000		

	Uncontrolled No Diabetes
Do you have any Special Dietary Needs because of a health cond	dition?YesNo
If yes, please explain:	Miss.
··	
Have you ever been diagnosed with HIV/AIDS?Yes	
Have you ever been diagnosed with Hepatitis B? Yes _	
Have you ever been diagnosed with Hepatitis C?Yes _	
Have you ever been diagnosed with Tuberculosis?Yes _	
Have you ever been told you have Fetal Alcohol Syndrome or Feta	
Have you ever received Tobacco Cessation classes?YesNo	No If yes,. Were you successful at stopping
ZO Z	OCCIONAL INFORMATION
Are you presently or have you recently been thinking or sulcide?	
· <del></del>	
Total Control	
lave you ever heard voices saw things that other people do not s	see or hear? Yes No
f yes, were these experiences a result of alcohol / drug usage or du	
yes, were these experiences a result of alcohory triug usage or at	iuring withdrawair Please explain:
,	
lave you seen a counselor, psychiatrist or other professional perso Yes No If yes, please give dates and describe details:	on for mental or emotional difficulties?
ave you ever experienced depression or anxlety or received some	e other diagnosis such as bipolar, depression,
nxlety, schizophrenia, etc Yes No If yes, please explain	n
	·
ave you ever been on medication for any of these conditions?	Ves No If yes please give the following
ave you ever been on medication for any of these conditions?	YesNo If yes, please give the following
ave you ever been on medication for any of these conditions? EDICATION DATE DURATION REASON NAME OF PRESCRIBING	YesNo If yes, please give the following
ave you ever been on medication for any of these conditions? EDICATION DATE DURATION REASON NAME OF PRESCRIBING	YesNo If yes, please give the following

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Tell us more	about your anger	NOORINGOOFFEE B. A.			
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	r been a victim or a perpetrator (			•	
Please explair	);				
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If you answer	r yes to above question, have you	u ever received victim	counseline?	Yes	No.
Have you eve	er been emotionally, sexually, or	physically abused?	Yes No	o. If yes, ple	ease briefly de
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Please answer	the following questions. Have y	ou ever ar use of alcohol / dru	gs?		
Please answerYesYesYes	the following questions. Have y No 1. Tried to cut-down on you No 2. Felt annoyed by someone No 3. Felt guilty about your dri	ou ever  ur use of alcohol / druge talking to you about Inking or drug use?	gs?		
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Please answerYesYesYesYesYesYes	the following questions. Have y No 1. Tried to cut-down on you No 2. Felt annoyed by someone No 3. Felt guilty about your dri No 4. Drank shortly after wakin No 5. Experienced a blackout? No 6. Are you currently receiving your life have been affected by Education	rou ever  The results of alcohol / drugser to you about linking or drug use?  The results of alcohol or subsect to your use of alcohol or the results of alcohol or the	gs? your alcohol or tance abuse? drugs? (Check gal	drug use?	
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What influenced you to use alcohol / drugs? \_\_\_\_\_

How would you describe your use of alcohol / drugs	<b>&gt;</b>		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
What periods in your life have you used the most?			
What is your favorite substance to use?			Abelia Att. VELLOWING
Have you ever over-dosed? Yes No			
Were you ever admitted for detox services?Yes	No If yes, h	ow many times?	-
Do you believe that you have a problem with alcohol,			,
Have you ever been treated for chemical dependency How many times did you complete treatment?	r before?Yε 	≥s No If yes,	# times
What type of program did you enter? Outpatie Other:		ial Hospital-basec	d program
How long were you abstinent from alcohol / drugs? _			ped you to maintain
What do you believe caused you to start using again?			
lst your most recent treatment experiences:			
lames of Treatment Program	Mo/Yr	Completed?	Days Sober?
		YesNo	
	/	Yes No	

SUBSTANCE Gas, Paint, etc. Nicotine Caffeine Been Wine Liquor Lysol Ampheramine/Crank Barbiturares Methaqualone Iranguilizer PCP Cocaine	PATTE HOW USED	ноw мисн	HOW OFTEN	Age Started	Age Stopped
Gas Raint éto	Inhale				
Vicoune	innale Smoke	· ·		*	
affeine	Oral			_	
Beer	Drink Drink	443			
Wine	<b>Drink</b>	***			
liquore de la companya della companya della companya de la companya de la companya della company	Prink	_			
lysől	Dřířík (1987)				
Ampheramine/Crank	//V/Oral/Snort				
larbiturares ///	IV/Oral/Snort				
Viethequalone :	IV/Oral/Snort				
tangullzer	IV/Orgl				
CP 11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Oral/Smokes				
ocaine	nV//Oral/Smoke				
/larajjuaina/lhash	Smoke/Oral IV/Oral IV/Oral/Smoke				
Varijuana/Hash Sp: Vestaline Silacybin	iWoral :				
(lescaline	IV/Oral/Smoke				
silocybin et al. Since	alv/oral				
Motum/Herom/Motuhine	IV/Oral/Smoke				
rescription Drugs	IV/Oral/Smoke				
ther Substances	IV/Oral/Inhale				
Optum/Herom/Morphine Rrescription Drugs Other Substances APPLICANT'S SIGNATURE	IV/Oral/Smoke				

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4	ce: Caseworker, Counselor, Spouse or other Person(s) who have knowledge of the applica
low long ha	ve you worked with this individual before the referral?
rlefly descri	be this person's physical, emotional and mental state.
and the second	
<u> </u>	
SM-IVR Info	rmation: (If available)
How would	you describe their motivation for treatment?
What areas	of life or particular problems do you feel this individual needs to work on while in treatme

Have tentative aftercare plans been			
***************************************			
	*		-
If the client is court-ordered to treat describe the situation including any p	ment, please provide us w pending court dates, or re	vith a copy of quired visits	the legal documents. Also brief by the Probation/Parole Office.
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ls there any other significant informa			
	Web.		
		19044	
Y884	_		
ame of Referring Agency:			
ontact Person:			
ddress:			

## Physical Examination Requirements Nebraska Urban Indian Health Coalition, Inc. Residential Treatment Program

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Other Al	Mergies:	-				~~~	·	
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