Appendix D

Client Information System Intake Form
Client Profile

Date: ___________________________  Staff Name: ___________________________
Client Name: ____________________  Agency Client ID: ______________________

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Client’s Statement

☐ Staff to remain anonymous?
☐ Can we contact you by phone?
☐ Can we contact you by mail?

AKA: __________________________

Client Statement Narrative Questions:

1. What brings you here to see us today?

2. How do you think we can help you?

3. What goals do you have with which the service can help you?

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Medical

Provider Information:
Health Care Site: __________________________
Primary Provider: __________________________
Phone: __________________________

Medical Narrative Questions

1. How and where did you find out about your HIV status?

2. Please tell me about the significant hospitalizations you have had, both HIV- and non-HIV-related. Please include where, when and why you were hospitalized.

3. Have you had any opportunistic infections for which you were not hospitalized? If yes, which one(s) and when.

4a. Have you ever been treated for active TB (tuberculosis)? If yes, did you complete the entire course of treatment? Where did you complete the treatment? When did you complete the treatment?

4b. If you did not complete the treatment, please explain why.

5. Please tell me about your outpatient HIV medical care including from whom you have received the care and the dates, if possible. Please include alternative/complementary therapies.

6. Please tell me the medications which you are currently prescribed (please include non-HIV-related medications). Are you experiencing any side effects? Do you take your medications as prescribed? If not, what are the barriers for you?

7. If applicable, please discuss any non-HIV-related medical conditions you have and from whom do you receive your care/treatment?
Medical (continued)

8. If applicable, please discuss the type and amount of practical assistance you need (i.e., bathing, cooking, shopping, laundry, financial management, etc.)

9. How is your appetite? Have there been any changes lately in your appetite? Where do you get your food? Who prepares your meals?

10. Do you attend your scheduled medical appointments? If not, what are the barriers for you?

11. Please discuss your knowledge and interest in new treatments for HIV as well as your knowledge and interests in current clinical trials. Where do you get you medical information?

Financial

Source of Income (Please enter Monthly Amount):

GA: _____________ Food Stamps: _____________ Unemployment Benefits: _____________
TANF: _____________ Salary: _____________ Veteran’s Benefits: _____________
Other Income: _____________

Benefits

SSI ___________ Amount: ___________ Applied on: ___________
SSDI ___________ Amount: ___________ Applied on: ___________
State Disability Insurance: ___________ Start Date: ___________
SSA: ___________ Long Term Disability: ___________ Applied on: ___________

☐ Assets Valued over $2,000?

Total Monthly Income: _____________
C. Financial Narrative Questions

1. (If client reports receiving disability income) How long have you received the benefit? Upon what is the disability based (medical, mental health, substance use, etc.)?

2. If you report having private insurance, from which company do you have your policy?

3. (If the client has reported difficulty in managing finances, assess how the client spends their money over the course of a month.)

4. Are you covered under a private, long-term disability policy?

5. Do you have any large, outstanding debts about which you are concerned? If yes, what are they?

D. Housing

Current Living Situation: ____________________________
Payment Type: ____________________________ Amount: __________________
☐ < 3 months in SF
Rental Subsidy: ____________________________ (Provider Name)

Residential Facility
Provider Name: ____________________________ Other: ____________________________

Other
☐ SRO Hotel? ☐ Residency in SRO?
Housing (continued)

History
- Eviction? Credit Problems: __________________________

Treatment Facility
Provider Name: ___________________________
Hospital: ___________________________

E. Housing Narrative Questions

1. With whom do you live?

2. Please describe your most stable housing situation including the duration, type of housing and why you are no longer in it (if you are not).

3. If you have been evicted from a residence in the past, for what reasons were you evicted and when did the eviction occur? Please answer this question for each eviction (if more than one).

4. What, if any, experience have you had living in single occupancy (SRO) hotels?

5. What are your short and long-term housing goals/plans?

Education/Work

Level of Education: ___________________________
Language: ___________________________

Work
- Full Time: ___________________________
- Part Time: ___________________________ Hours: ____________
- Unemployed
- Never Employed
- Work History
- Veteran
F. Education/Work Narrative Questions

1. What is your primary language? Can you read and write in that language? Do you speak any other languages? If yes, which one(s)?

2. What was the focus of your education or training?

3. Are you currently employed? If yes, when did you start? What type of work do you do?

4. (If the client is currently unemployed) Have you worked in the past? If yes, what type of work did you do? When and why did you stop working?

5. Please describe how work related issues and/or disability issues are affecting you. Are you interested in receiving information about work entry/re-entry programs?

Family/Social/Legal

<table>
<thead>
<tr>
<th>Family</th>
<th>Criminal History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>□ Misdemeanor</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td>□ Partner (not Registered)</td>
</tr>
<tr>
<td>Married</td>
<td>□ Divorced</td>
</tr>
<tr>
<td>Children</td>
<td>□ Widowed</td>
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</table>

<table>
<thead>
<tr>
<th>Legal</th>
<th>Social Support</th>
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<tbody>
<tr>
<td>Legal Issues</td>
<td>□ Spouse/Partner Involved</td>
</tr>
<tr>
<td>Childcare/Guardian Issues</td>
<td>□ Family Involved</td>
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<tr>
<td>Criminal History</td>
<td>□ Friends Involved</td>
</tr>
<tr>
<td>Parole/Probation</td>
<td>□ Organizations Involved</td>
</tr>
</tbody>
</table>

Parole/Probation
Officer:_____________________
Phone:_____________________

Family/Social/Legal (continued)

Power of Attorney
☐ Financial

*Name*: ____________________________________________

Organization: _______________________________________

Address: ___________________ City: ___________ State: ___________ Zip: ___________

Phone: ___________________ Fax: ___________________

☐ Medical

*Name*: ____________________________________________

Organization: _______________________________________

Address: ___________________ City: ___________ State: ___________ Zip: ___________

Phone: ___________________ Fax: ___________________

☐ Rep-Payee

*Name*: ____________________________________________

Organization: _______________________________________

Address: ___________________ City: ___________ State: ___________ Zip: ___________

Phone: ___________________ Fax: ___________________

Family/Social/Legal Narrative Questions

1. Tell me about your social support system.

2a. If your family of origin is a part of your social support system, please discuss the ways in which they support you.

2b. You may include details such as the names and ages of your parents and siblings, where your family lives, their knowledge of your HIV status, your perception of how they are coping with this knowledge.

2c. Please describe your current relationship with your family and any other information you feel is important.

3a. If you have a "significant other" in your life (I.e., spouse, domestic partner), please discuss the ways in which s/he supports you.

Family/Social/Legal (continued)

3b. You may include information such as the name of your "significant other", their knowledge of your HIV status and your perception of how they are coping with this knowledge.

3c. Please describe your current relationship with your "significant other" and any other information you feel is important.
4a. If you have children, what are their names and ages? Where do they live? Who is responsible for them? Who is their other parent (if different from current spouse/partner)? What is their HIV status?

4b. Are your children aware of your HIV status? If yes, what is your perception of how they are coping with this information?

5. Do you feel a need to change or improve your social support? If yes, what are your goals for changing or improving your social support?

6. If you receive support from friends, how are they supportive? If you are involved with organizations, from which organizations do you receive support? What type of support do they offer you?

7. Where were you born and raised? If outside of the United States, when and why did you come to the United States?

8. Are you currently or have you been involved in any legal proceedings?

9. Have you ever been in prison or jail? If yes, please discuss where, when and why you were in prison or jail. What were the specific charges that led to your imprisonment?

**Family/Social/Legal (continued)**

10. Do you feel that spirituality plays a role in your life? If so, please describe.

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**Mental Health**

**Symptoms**
- Depression
- Hallucinations
- Disturbed Sleep Patterns
- In Crisis
- Anger/Irritability
- Delusional Thinking
- Disorientation
- Impaired Memory

**History**
- Psychiatric Hospitalization
- Psychiatric Medications
- Psychiatric Treatment
- Suicide Ideation
Mental Health Narrative Questions

1. How would you describe your mood lately?

2. If you have been at a psychiatric hospital, please discuss when, where and why you were hospitalized.

3a. If you have received psychiatric treatment (including psychotherapy, counseling, support or therapy groups), please discuss when, where, why, by whom and how long you received the treatment. Was it helpful to you?

3b. Has a medical or mental health provider told you that you have a psychiatric diagnosis? If yes, what is it?

Mental Health (continued)

4. If you have been prescribed psychiatric medications (e.g., medication for depression, anxiety, sleep, etc.), please discuss who prescribed the medication; when it was prescribed; and how long have you been taking it and is it helpful.

5. If you have a history of suicide attempts, please discuss how many attempts you have made; when the attempts were made; describe the situation; whether you were hospitalized (including how long and where); and the outcome of the hospitalization(s).

6. If you have a history of suicidal thoughts, please discuss when, for how long and under what circumstances you experienced the thoughts; did you seek help for the suicidal thoughts?

7. Do you currently have suicidal thoughts? If yes, for how long? In which circumstances? How would you do it? Do you have the means to do it?
8. What do you do when you become angry?

9. If there is a history of physical violence (including domestic violence), were you the victim and/or the perpetrator of the violence? Please describe the circumstances of the physical violence.

10. If you have experienced hallucinations, delusional thinking or memory problems, please discuss the situation(s).

11. If you report feeling depressed, how long have you been feeling depressed? On a scale from 1 to 10 (1 being very little and 10 being the most), how would you rate the level of your depression? What are the circumstances surrounding your depression?

Mental Health (continued)

12. If you report feeling anxious, how long have you felt anxious? On a scale of 1 to 10 (with 1 being very little and 10 being the most), how would you rate your level of anxiety? What are the circumstances surrounding your anxiety?

Substance Use

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<thead>
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<th>Substances</th>
<th>Past</th>
<th>Current</th>
<th>Never Used</th>
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<tbody>
<tr>
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<td>Cigarettes</td>
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<td>☐</td>
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<tr>
<td></td>
<td>Alcohol</td>
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<tr>
<td></td>
<td>Drugs</td>
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</table>

<table>
<thead>
<tr>
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<th>Current</th>
<th>Never Used</th>
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</thead>
<tbody>
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<td>Cocaine</td>
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<tr>
<td>Opiate</td>
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</tr>
<tr>
<td>Other</td>
<td>☐</td>
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</tr>
</tbody>
</table>

☐ Social Consequences  ☐ Detox/Rehab  ☐ Methadone
☐ Legal Consequences  ☐ 12-Step    ☐ Medical Marijuana
☐ Blackouts          ☐ Counseling  ☐ Admits Problems

G. Substance Use Narrative Questions
1. If you report cigarette use: when did you start smoking? If you are currently smoking, how much do you smoke a day?

2a. If you report alcohol use: when did you start drinking? What is your alcohol of choice (beer, wine, hard liquor)?

2b. How much do you drink (if one beer, what size beer? If one glass of wine, how large is the glass? If one mixed drink, how large is the glass?)

3. If you report drug use: when did you start using drugs? What is your drug of choice? How much do you use? How often do you use drugs? How do you use your drugs (smoking, injection, snorting, swallowing, skin popping, etc.)?

Substance Use (continued)

4. If you have used drugs or alcohol, do you think that you may have a problem with drugs (including prescription and non-prescription drugs) or alcohol? If yes, what kind(s) of problems do you think you have?

5. If you have ever receive drug or alcohol treatment, for each time, please discuss when and where and for how long you received treatment.

6. If you have experienced blackouts from alcohol or drug use, please discuss the circumstances around this.

7. If you have experienced social consequences (e.g., loss of job, relationship, housing, etc.) as a result of your alcohol or drug use, please discuss the circumstances.

8. If you have experienced legal consequences (e.g., DUI, etc.) as a result of either alcohol or drug use, please discuss the circumstances.

9. If you are in recovery, how long have you been clean and sober? What support do you currently use to sustain recovery?
Health Education

H. Health Education Narrative Questions

1. Please tell me what you know about how HIV can be spread to other people.

2a. If you use injection drugs, are you aware of the HIV Prevention Point Needle Exchange Program? If yes, do you exchange your needles? Do you know how to clean your works? Do you have access to bleach and other necessary supplies?

Health Education (continued)

2b. If you do not always clean your works, what are the barriers for you?

3a. Are you sexually active? If not, do you plan to be sexually active? If yes, do you use or will you plan to use condoms/dental dams when you engage in sex?

3b. Do you have access to latex condoms/dental dams? Do you know how to use condoms/dental dams properly? If you have difficulty in using condoms/dental dams every time you have sex, what are the barriers to you?

Impressions

Impressions Narrative Questions

1. How did the client appear? Please remember to support your impressions with observations that were made during the interaction with the client.

2. What problems or characteristics stood out during the Intake?

3. Why do you feel the client should be referred to the service you are recommending?