



# Gambling Treatment Program Admission Form

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**Contract No.:** \_\_\_\_\_

**SAP Vendor No.:** \_\_\_\_\_

**Client ID No:** \_\_\_\_\_

**Sex:**  Male  Female  Other \_\_\_\_\_

**Admission Date:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Are you the significant other or family member of the gambler?**  Yes  No

**Ethnicity:** *(Check one)*

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Cuban                  | <input type="checkbox"/> Hispanic <i>(Not Specified)</i> | <input type="checkbox"/> Mexican      |
| <input type="checkbox"/> Not of Hispanic Origin | <input type="checkbox"/> Other Hispanic                  | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Unknown                |  |                                       |

**Race:** *(Check one)*

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> Alaskan Native         | <input type="checkbox"/> American Indian                    | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hawaiian or Other Pacific Islander |                                |
| <input type="checkbox"/> White                  | <input type="checkbox"/> Other: <i>(Specify)</i> _____      |                                |

**Veteran Status:**

Yes  No      Honorable Discharge:  Yes  No  N/A

**County of Residence:** \_\_\_\_\_

**Type of Residence:** *(Check one)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Private Residence  | <input type="checkbox"/> Homeless                                  | <input type="checkbox"/> Other Group Residential Setting |
| <input type="checkbox"/> Child in Placement | <input type="checkbox"/> Institution <i>(e.g., hospital, jail)</i> | <input type="checkbox"/> Other <i>(Specify):</i> _____   |

**Principal Referral Source:** *(Check one)*

- |   |   |
|---|---|
| <input type="checkbox"/> Self-Referral                        | <input type="checkbox"/> Family, Friends, Spouse/ Significant Other       |
| <input type="checkbox"/> County - Children and Youth Agencies | <input type="checkbox"/> Financial Counseling                             |
| <input type="checkbox"/> County - MH/ID Program               | <input type="checkbox"/> GA/Gam-Anon                                      |
| <input type="checkbox"/> County - Single County Authority     | <input type="checkbox"/> Intellectual/Developmental Disabilities Provider |
| <input type="checkbox"/> Court/Criminal Justice Referral      | <input type="checkbox"/> Other Community Referral                         |
| <input type="checkbox"/> Drug & Alcohol Provider              | <input type="checkbox"/> Other Gambling Program <i>(e.g., CCGP)</i>       |
| <input type="checkbox"/> Problem Gambling Helpline            | <input type="checkbox"/> Other Health Care Provider                       |
| <input type="checkbox"/> Employer                             | <input type="checkbox"/> School   |

**Highest Grade Completed:** *(Check one)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Less than High School Grad | <input type="checkbox"/> Vocational/Technical School | <input type="checkbox"/> Graduate Degree     |
| <input type="checkbox"/> High School Diploma/GED    | <input type="checkbox"/> Some College-No Degree      | <input type="checkbox"/> No Formal Education |
| <input type="checkbox"/> Associate's Degree         | <input type="checkbox"/> Bachelor's Degree           |  |

**Employment Status:** *(Check more than one if applicable)*

- |  |                                     |  |
|--|-------------------------------------|--|
| <input type="checkbox"/> Active Military       | <input type="checkbox"/> Disabled   | <input type="checkbox"/> Full-Time     |
| <input type="checkbox"/> Part-Time or Seasonal | <input type="checkbox"/> Retired    | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Student               | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Other         |

**Annual Household Income:** (Check one)

- 0 - \$9,999       \$10,000 - 19,999       \$20,000 - 29,999       \$30,000 - 39,999
- \$40,000 - 49,999       \$50,000 - 99,999       \$100,000 +

**Marital Status:** (Check one)

- Divorced     Living Together     Married     Separated     Never Married     Widow(er)

**Religious Preference:** (Check one)

- Atheist/Agnostic     Buddhism     Catholic     Jewish     Muslim
- Protestant     No Preference     Other (Specify) \_\_\_\_\_

**Criminal Justice Status:** (Check one)

- None     Correctional-Based Setting     Juvenile Offender
- Parole     Pre-Court Sentence     Probation

**Has client ever attended or received services for any reason from:**

- Yes     No    GA/GamAnon
- Yes     No    Other Gambling Program
- Yes     No    Financial and/or Credit Counseling Service

**Type(s) of Gambling Engaged In:** (Check all that apply)

- None (for Significant Other Only)     Horses     Sports
- Bingo     ilottery     Stock/ Commodities
- Cards     Lottery     Video Game Terminals (VGT)
- Dice Games     Office Pools     Video Gaming
- Dogs/ Other Animals     Raffles     Video Lottery Terminal (VLT)
- Fantasy Sports     Roulette
- Games of Skill     Slot Machines

**During the past 12 months, how frequently have you gambled?**

- Never     Less than once a month     1-3 days a month     1-2 days a week     3-6 days a week
- Daily

At what age did you first gamble or place your first bet? \_\_\_\_\_ N/A (for significant other only)

During the past 30 days, what amount of money did you spend on a typical day of gambling? \_\_\_\_\_

N/A  
(for significant other only)

During the past 30 days, how much time did you usually spend on a typical day of gambling?

\_\_\_\_\_ Hours    \_\_\_\_\_ Minute    N/A (for significant other only)

During the past 30 days, on how many days did you gamble? \_\_\_\_\_ Days    N/A (for significant other only)

**Gambling Location(s) during the last 12 months:** (Check all that apply)

- None (Significant Other Only)     Fire Hall     Racino
- Airport     Grocery/Convenience Store     School
- Bookie     Home     Truck Stop
- Casino     Lottery Retailer     Work
- Church/Community     Off Track Betting (OTB)
- Club/Bar/Restaurant     Race Track

**Type(s) of Gambling-Related Problems Presenting at Admission:** (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Anxiety                   | <input type="checkbox"/> Arrest                       | <input type="checkbox"/> Bankruptcy                                |
| <input type="checkbox"/> Depression                | <input type="checkbox"/> Embezzlement                 | <input type="checkbox"/> Borrowing or Theft from Relatives/Friends |
| <input type="checkbox"/> Employment/Education      | <input type="checkbox"/> Incarceration                | <input type="checkbox"/> Marital or Relationship                   |
| <input type="checkbox"/> Losing Savings/Retirement | <input type="checkbox"/> Physical Health Problems     | <input type="checkbox"/> Significant Debt                          |
| <input type="checkbox"/> Other Legal               | <input type="checkbox"/> Other Mental Health Problems | <input type="checkbox"/> Suicidal Ideation/Thoughts/Attempts       |

**Substance Use/Abuse**

- Ever used illegal substances?  Yes  No
- Ever used alcohol?  Yes  No
- Was this client treated concurrently for substance abuse by this Provider?  Yes  No
- Does this Provider report substance abuse treatment to the DDAP Data System?  Yes  No
- Have the substance abuse treatment services provided to this client been reported through DDAP's Data System?  Yes  No

**Alcohol**

- Used alcohol in the past 30 days?  Yes  No
- How many drinks do you have in a day? \_\_\_\_\_ Per week? \_\_\_\_\_

**Nicotine**

- Smoked tobacco in the last week?  Yes  No
- Used smokeless tobacco in the last week?  Yes  No
- Vaped in the last week?  Yes  No
- How many packs or cans per day? \_\_\_\_\_ Per week? \_\_\_\_\_

**Intellectual/Developmental Disability?**

- Yes  No

**Mental Health (MH) Related Conditions?**

- Ever treated for MH Problem?  Yes  No
- Ever Hospitalized for MH Problem?  Yes  No

**Score on the South Oaks Gambling Screen (SOGS) Form:** \_\_\_\_\_

**Score on the Gam-Anon Twenty Questions Form (significant other only):** \_\_\_\_\_