

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

Package: full chart

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Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Date 1st contact	Rep on intake call	1st contact name	1st contact phone	1st contact relationship
07/12/2024	Sandy Rosa	n/a	n/a	n/a

Location: Step Into Recovery Centers INC

Admission Date	Referrer	Contact?	Anticipated Discharge Date
05/23/2024 12:21 PM		No	
Discharge/Transition Date	Discharge/Transition to		
07/05/2024 03:58 PM			

PARTICIPANT INFORMATION HAS NOT BEEN VALIDATED - PLEASE VALIDATE

participant Information

Pedro Gonzalez

Current Address:
4238 NE 1st St
Pryor, OK 74361 United States

Date of Birth: 12/11/2001 SSN:

Birth Sex: Male

Pronouns:

Preferred Language:

Marital Status: Single

Race:

Ethnicity:

Payment Method

Private Pay

Insurance Information

Insurance	Policy No.	Effective Date	Termination Date	Status	Insurance Type/Priority
Blue Cross Blue Shield of Oklahoma	YUQ94721873			Active	Primary
Internal ID / External ID	Group Plan Name	Group ID	Plan Type	Payor Type	Insurance Phone
13123 /			PPO		
Rx Name	Rx Group	Rx BIN	Rx PCN	Rx Phone	Plan Period

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Screen - Nutritional 05/23/2024

Evaluation Date: 05/23/2024

What have you had to eat in the past 24 hours?

Client reported tacos, beans, rice, BLT sandwich, fries, milkshake, breakfast burrito, and chips.

Weight (of ≥5% over past 30 days): ☒ Stable ☐ Loss ☐ Gain

Is there any history of an eating disorder? No

Allergies:

Allergen	Allergy Type	Reaction	Reaction Type	Onset	Treatment	Status Type	Source
----------	--------------	----------	---------------	-------	-----------	-------------	--------

Please select the appropriate response to each item:

Eats fewer than 2 meals per day:	No Problem (0) (0)
Eats few fruits, vegetables, or milk products:	No Problem (0) (0)
Has tooth or mouth problems that make it hard to eat:	No Problem (0) (0)
Eats alone most of the time:	No Problem (0) (0)
Complains of being thirsty all the time:	No Problem (0) (0)

Gastrointestinal Problems:

Chronic Diarrhea:	No Problem (0) (0)
Constipation:	No Problem (0) (0)
Nausea/Vomiting:	No Problem (0) (0)
Frequent Reflux/Indigestion:	No Problem (0) (0)

Hx. Non-Compliance with Therapeutic Diet: No (0) (0)

Current Eating Disorder: No (0) (0)

Knowledge Deficit of Therapeutic Diet and/or Needs, or Patient requires further nutritional education: No (0) (0)

Appetite: Fair (1) (1)

TOTAL SCORE: (1)

Score:

- **0's & 1's only** = No further action.
- **Any 2's** = Refer to nutritionist or to physician for further evaluation.

Document referral in Progress Notes.

Referral to Nutritionist or Physician: No

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Leslie Langley, Doctor (Staff), NPI Number 1255779120, DEA ML3031743, 08/08/2024 05:53 AM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US &
Canada)

Safe Call 05/23/2024 11:51 AM

Date/Time: 05/23/2024 11:51 AM

Emergency Contact:

Chase Johnson

Consent Release Signed? ☒ Yes ☐ No

Relationship to Patient:

Friend

Phone Number:

405-637-7100

Emergency Contact Reached? Yes

When? 05/23/2024 02:00 PM

What is the follow up plan?

There is no follow up plan due to client's request not to contact their emergency contact.

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Jennifer Rosa, Administrator (Staff), 07/26/2024 08:08 AM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

LOCUS Assessment with Scoring 05/23/2024 12:16 PM

Evaluation 05/23/2024 12:16 PM
Date/Time:

I. Risk of Harm 3 Moderate Risk of Harm (3)

Evidence

Pedro appears to be moderate risk for harm to self and others due to diagnosis of F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe, F10.20 Alcohol use disorder, Severe, F41.1 Generalized anxiety disorder risky behavior history of passive SI negative self talk history of anxiety and depression, as well as verbally aggressive outburst.

II. Functional Status 3 Moderate Impairment (3)

Evidence

Pedro expresses moderate functional impairment due to the need for coaching and redirection, given the inability to regulate thought process and cope outside circumstances

III. Co-occurring Disorders 3 Significant Co-Morbidity (3)

Evidence

Excessive worry or fear about multiple aspects of life. Muscle tension, trembling, or sweating, difficulty concentrating or sleeping, panic attacks, which can include symptoms like racing heart, shortness of breath, and feeling of impending doom.

IV. Recovery Environment Pedro has been neglecting self-care practices, such as exercise, healthy eating, relaxation techniques, and sufficient sleep. Poor self-care habits, including irregular meals, lack of physical activity, and inadequate rest, are impacting her physical and emotional well-being contributing to her anxiety.

A) Level of Stress 3 Moderately Stressful Environment (3)

Evidence

Due to clients schedule and emotional challenges, client has withdrawn form social activities, hobbies, and

friendships. feelings of loneliness, social isolation, and a lack of meaningful connections with others are intensifying her anxiety and exacerbating sense of isolation.

B) Level of Support 2 Supportive Environment (2)

Evidence

Client has a safe and non-judgmental space to express her thoughts and feelings, process her emotions, and seek support from trusted individuals.

V. Treatment and Recovery History 3 Moderate or Equivocal Response to Treatment/Recovery Mgmt (3)

Evidence

Client has expressed an extensive history of attempting to regulate moods, emotion, and thought process on clients own however has not been able to regulate due to outside stressors, such as financial commitments, peer pressure and guilt after verbally aggressive outburst.

VI. Engagement 2 Positive Engagement (2)

Evidence

Client expresses motivation and commitment to stabilizing and making a change in order to build a stable foundation. However, client continues to need extensive coaching and redirection in order to maintain focus and limit distractions.

Composite Score (19)

Level 1 – 10-13

Level 2 – 14-16

Level 3 – 17-19

Level 4 – 20-22

Level 5 – 23+

Placement Grid Level of Care - LOC Level 3: PHP

Clinician Recommended LOC Level 3: PHP

Clinical Justification if Placement Grid LOC is different than Clinician Recommended LOC

Pedro is a 22 male who identifies as Male diagnosed with F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe, F10.20 Alcohol use disorder, Severe, F41.1 Generalized anxiety disorder Client is experiencing severe symptoms of depression, anxiety, and disordered eating, as evidenced by frequent panic attacks, suicidal ideation, and significant weight loss. These symptoms are impacting the ability to function in daily life and are putting client at risk for further deterioration. Client has tried outpatient therapy and medication management in the past, but these interventions have not been effective in adequately addressing her symptoms. Client has not shown significant improvement despite consistent treatment efforts, indicating the need for a higher level of care. Client has a history of self-harm and suicidal ideation, and has made multiple suicide attempts in the past. Client is currently expressing thoughts of hopelessness

and worthlessness but has no plan. These safety concerns necessitate a more intensive level of care to ensure her safety and well-being. Overall, based on the severity of Client's symptoms, lack of improvement with previous treatments, safety concerns, lack of support, and functional impairment, a PHP level of care is clinically justified by locus standards to provide with the intensive treatment and support the client needs to address mental health concerns effectively.

Preliminary Recommendations Based on Assessment:

MH PHP 7 DAY is recommended with diagnosis of F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe, F10.20 Alcohol use disorder, Severe, F41.1 Generalized anxiety disorder



Jennifer Rosa, Administrator (Staff), 07/31/2024 06:14 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Medications Informed Consent 05/23/2024 01:40 PM

Date/Time: 05/23/2024 01:40 PM

Medications Informed Consent:

- The risks and benefits of this medication have been explained to me.
- The most common side-effects and adverse reactions have been explained to me.
- I understand that I have the right to accept or refuse the medication.

Current Medications:

Medications below include all current active orders logged via Doctor's Orders. These may include medications self-reported by the patient that were logged, medication orders entered at the facility, and medications brought to the facility by the patient ordered to be continued upon admission. If the patient is not being treated in a residential/inpatient setting, this list may not be inclusive of all medications taken by the patient outside of the facility.

Current as of 07/26/2024 08:56 AM:

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LLC



Pedro Gonzalez (participant), 07/29/2024 02:57 PM

Staff present: Jennifer Rosa, Administrator



Leslie Langley, Doctor (Staff), NPI Number 1255779120, DEA ML3031743, 08/08/2024 05:50 AM

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Screen - Pain 05/23/2024 02:56 PM

Evaluation Date: 05/23/2024 02:56 PM

PAIN SCREEN

1. Do you currently have any physical pain?

No
2. Within the past two weeks, have you taken any medications or treatments to control pain?

No
3. Have you had any significant, reoccurring, or chronic physical pain in the last six months that has not been resolved?

No

If client responds to "Yes" to any of the three questions, continue with Pain Assessment form.

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Leslie Langley, Doctor (Staff), NPI Number 1255779120, DEA ML3031743, 08/08/2024 05:58 AM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

History and Physical Exam 05/23/2024 02:56 PM

Date of Exam:	Start time	End time	Duration
	05/23/2024 02:56 PM	05/23/2024 03:13 PM	17 Minutes

Chief Complaint(s):

The client shared that they have been dealing with a significant loss of appetite, pervasive lack of energy, restlessness, and lethargy, alongside severe anxiety. Client reported having multiple seizures in the past due to benzodiazepine withdrawal. They confided that these symptoms have been accompanied by a longstanding struggle with addiction to benzodiazepines and alcohol, which they have been battling for several years. As the addiction progressively worsened, they noticed a growing impact on their daily life, including their mental and physical health, and a deepening sense of hopelessness.

Previous Treatment: *include Mental Health, Substance Abuse, Outpatient Psychiatry, Therapy or Detox.* ☒ None

***Outcome Codes: 1=Successful Completion 2= AMA/APA 3=Discharged / Non-Compliant 4=Other

Past Medical History:

Client reported multiple seizures in the past as a result of benzodiazepine withdrawal. Client stated 2 seizures occurred in 2024, 1 seizure occurred in 2023, and 3 seizures occurred in 2022.

Surgical History: None

Family History:

Father- Substance abuse/Mental Illness

Mother- Substance abuse

Brother- Substance abuse/Mental Illness

Social History:

The client explained that due to their addiction, they began to isolate themselves from friends and eventually family, as they were struggling with severe self-esteem issues and felt unwanted. They reported that the absence of loving and supportive connections in their life led them to increase their substance use, leaving no space for the hobbies or interests they once enjoyed.

Marital Status: Single

Children: No

Work: None

Cigarettes/Vape: Smoker , Details:: 1 vape every other day for 6 years

Medications:

Medications below include all current active orders logged via Doctor's Orders. These may include medications self-reported by the patient that were logged, medication orders entered at the facility, and medications brought to the facility by the patient ordered to be continued upon admission. If the patient is not being treated in a residential/inpatient setting, this list may not be inclusive of all medications taken by the patient outside of the facility.

Current as of 07/26/2024 08:56 AM:

Allergies:

Allergen	Allergy Type	Reaction	Reaction Type	Onset	Treatment	Status Type	Source
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Review of Systems

Physical Exam Vitals:	Blood Pressure (systolic/diastolic)		Temperature	Pulse	Respirations	O2 Saturation
	115 / 85		98.0	88	18	99
Comments						
-						

Height/Weight: Height: 5' 11" Weight: 185 lbs BMI: 25.8

Skin:

NA

HEENT:

NA

Neck:

NA

Respiratory:

NA

Cardiovascular:

NA

Abdominal:

NA

Extremities:

NA

GU/Rectal:

NA

Neurological:

Client reported severe anxiety.

Musculoskeletal:

NA

Mental Status: Anxious , Lethargic

Assessment/Plan:

The client presents with significant loss of appetite, pervasive lack of energy, restlessness, and lethargy, accompanied by severe anxiety. These symptoms suggest a potential depressive disorder and anxiety disorder. Additionally, the client has a long-standing history of addiction to benzodiazepines and alcohol, which has negatively impacted their mental and physical health. The worsening addiction has led to impaired daily functioning and a deepening sense of hopelessness. A comprehensive psychiatric evaluation will be conducted to assess the severity of the client's anxiety and depressive symptoms, including screening for co-occurring disorders. Medication management will be considered, potentially involving SSRIs or SNRIs for managing depression and anxiety, and a gradual tapering schedule for benzodiazepines to mitigate withdrawal symptoms. The possibility of using non-addictive anxiolytics will also be explored.

The client will be referred to a specialized substance use disorder program, and a medically supervised detoxification process may be necessary, particularly for benzodiazepines. Treatment options, such as Medication-Assisted Treatment (MAT), will be considered to support recovery from alcohol addiction. Counseling and therapy, including Cognitive Behavioral Therapy (CBT), will be integrated into the treatment plan to address the psychological aspects of addiction and promote healthier coping mechanisms. Given the client's reported loss of appetite and lethargy, a nutritional assessment and appropriate interventions will be initiated to address any deficiencies and improve overall physical health. Recommendations for increasing physical activity, within the client's capacity, will also be provided to help alleviate symptoms of restlessness and improve energy levels. The client will engage in individual and group therapy sessions focusing on anxiety management, coping strategies, and relapse prevention, along with psychoeducation on the effects of substance use on mental health.

Regular follow-up appointments will be scheduled to monitor the client's progress, adjust the treatment plan as necessary, and provide ongoing support. Coordination with a multidisciplinary team, including a psychiatrist, addiction specialist, and therapist, will ensure comprehensive care. The client will also be encouraged to participate in support groups and utilize community resources to build a strong support network during recovery. Family therapy may be considered to address any relational issues and involve loved ones in the recovery process. The treatment plan will be continuously reviewed and adjusted based on the client's response and needs, with a focus on holistic recovery and improving overall well-being.

I hereby certify that the services are medically necessary and appropriate to the patient's diagnosis and treatment needs.

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Leslie Langley, Doctor (Staff), NPI Number 1255779120, DEA ML3031743, 08/08/2024 05:49 AM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Trauma Assessment 05/23/2024 03:01 PM

Date/Time: 05/23/2024 03:01 PM

This test is to help determine your symptoms of trauma. *Please answer True or False for each of the following.*

1. Have you experienced or been exposed to a traumatic event? 1 True (1)

Please list your traumas:

Client reported his past experiences witnessing community violence, growing up with childhood trauma, and being a victim of emotional abuse. Client could not recollect what age he was when he had to endure the above traumatic events.

2. During the traumatic event, did you experience or witness serious injury or death, or the threat of injury or death? 0 False (0)

3. During the traumatic event did you feel intense fear, helplessness, and/or horror? 0 False (0)

4. Do you regularly experience intrusive thoughts or images about the traumatic event? 0 False (0)

5. Do you sometimes feel like you are re-living the event or that it is happening all over again? 0 False (0)

6. Do you have recurrent nightmares or distressing dreams about the traumatic event? 0 False (0)

7. Do you feel intense distress when something reminds you of the traumatic event, whether it's something you think about or something you see? 1 True (1)

8. Do you try to avoid thoughts, feelings, or conversations that remind you of the traumatic event? 1 True (1)

9. Do you try to avoid activities, people, or places that remind you of the traumatic event? 0 False (0)

10. Are you unable to remember something important about the traumatic event? 0 False (0)

11. Since the trauma took place, do you feel less interested in activities or hobbies that you once enjoyed? 0 False (0)

12. Since the trauma took place, do you feel distant from other people or have

difficulty trusting them?	1 True (1)
13. Since the trauma took place, do you have difficulty experiencing or showing emotions?	1 True (1)
14. Do you feel that your future will not be "normal" -- that you won't have a career, marriage, children, or a normal life span?	0 False (0)
15. Since the traumatic event, have you had difficulty falling or staying asleep?	0 False (0)
16. Have you felt irritable or have you had outbursts of anger?	1 True (1)
17. Have you had difficulty concentrating, since the trauma?	0 False (0)
18. Do you feel guilty because others died or were hurt during the traumatic event but you survived it?	0 False (0)
19. Do you often feel jumpy or startle easily?	0 False (0)
20. Do you often feel hypervigilant, that is, are you constantly feeling and acting ready for any kind of threat?	1 True (1)
21. Have you been experiencing symptoms for more than one month?	0 False (0)
22. Do your symptoms interfere with normal routines, work or school, or social activities?	0 False (0)
23. Do your symptoms interfere with ability to stay sober/clean?	1 True (1)

Score: (8)

1 - 3	Mild Symptoms
4 - 9	Moderate Symptoms
10 - 23	Severe Symptoms

Clinical Assessment

This section to be completed by a Licensed Professional - (Include: Recommendations, Actions, Treatment plan, and/or Referral to be made and/or addressed during treatment & how symptoms may or may not effect treatment, treatment outcome and recovery)

The client presented with a score of 8, indicating moderate symptoms. Following this assessment, it is recommended to conduct a thorough clinical interview to understand the nature and extent of the trauma symptoms. Providing psychoeducation about trauma and its effects, along with the importance of treatment, is crucial. Additionally, a safety plan will be developed to address any potential self-harm or risk behaviors. Immediate actions include ensuring the client has access to crisis hotlines and support groups, scheduling regular follow-up appointments, and meticulously documenting all findings and plans. The treatment plan will involve initiating evidence-based trauma-focused therapies such as Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), or Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Incorporating mindfulness practices and relaxation techniques will help manage symptoms. If necessary, a referral to a psychiatrist for medication evaluation will be considered. Supportive services, including participation in trauma survivor support groups and family therapy sessions, will be encouraged. Teaching coping and

problem-solving skills will be integral to the treatment. Referrals to specialists, such as a psychiatrist or substance abuse counselor, and connections to community resources will be made to address any additional needs. Symptoms may impact the client's engagement, concentration, and trust-building in therapy, potentially leading to a moderate pace of recovery with occasional setbacks. Consistent and appropriate treatment is expected to reduce symptom severity over time, and long-term recovery will involve maintaining coping strategies, a strong support network, and ongoing therapeutic engagement. The assessment concludes with a summary of findings, an agreed-upon treatment plan, and clear communication of the next steps, with regular reviews to ensure the plan's relevance and effectiveness.

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Pedro Gonzalez (participant), 07/31/2024 11:55 AM

Staff present: Jennifer Rosa, Administrator

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Fagerstrom Test for Nicotine Dependence 05/23/2024 03:01 PM

Is smoking “just a habit” or are you addicted? Take this test and find your level of dependence on nicotine.

Date/Time: 05/23/2024 03:01 PM

1. How soon after you wake up do you smoke your first cigarette? After 60 minutes (0)

(After 60 minutes = 0; 31-60 minutes = 1; 6-30 minutes = 2; Within 5 minutes = 3)

2. Do you find it difficult to refrain from smoking in places where it is forbidden? Yes (1)

(No = 0; Yes = 1)

3. Which cigarette would you hate most to give up? The first one in the morning (1)

(The first one in the morning = 1; Any other than the first one in the morning = 0)

4. How many cigarettes per day do you smoke? 10 or less (0)

(10 or less = 0; 11 to 20 = 1; 21 to 30 = 2; 31 or more = 4)

5. Do you smoke more frequently during the first hours after awakening then during the rest of the day? No (0)

(No = 0; Yes = 1)

6. Do you smoke even if you are so ill that you are in bed most of the day? Yes (1)

(No = 0; Yes = 1)

Total Score: (3)

Your level of dependency on nicotine is:

- ☐ Score 1-2: Low dependence
- ☒ Score 3-4: Low to moderate dependence
- ☐ Score 5-7: Moderate dependence

☐ Score 8+: High dependence

Heatherton, TF, Kozlowski LT, Frecker RC, Fagerstrom K.O. The Fagerstrom test for Nicotine Dependence: A revision of the Fagerstrom Tolerance Questionnaire, British Journal of Addictions 1991; 86:1119-27

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Pedro Gonzalez (participant), 07/29/2024 07:00 PM

Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/29/2024 07:00 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Bio-psychosocial Assessment 05/23/2024 03:01 PM

Date/Time: 05/23/2024 03:01 PM

I. SOCIAL AREA

A. Family of Origin

1. Where were you raised and by whom?

Client stated his parents raised him in Pryor, Oklahoma.

2. Do you have any siblings?

	Name	Age	Grew Up Together?
	Caesar	25	Y

3. How were the relationships between family members in the immediate family/in the household?

The client described the dynamics within his immediate family as unpredictable due to their struggles with drug abuse and mental health issues. He noted that drug use by any family member often leads to everyone at home participating, resulting in chaos that causes emotional trauma, which he tends to internalize rather than discuss. He recognized the improvement in his family relationships when substance use is absent and everyone has sustained sobriety, resulting in fewer impulsive choices and more logical reasoning.

4. Who do you feel closest to in the family and why?

The client expressed a deep connection with his father, stating that despite the severity of his addiction, his father never left him and always strived to provide for the children. He acknowledged that his father had his struggles and wasn't always perfect, but he is grateful that his father has overcome his addiction and is now supporting him in his recovery journey without judgment.

5. Is there any history of the following:

- Mother:

Substance Abuse
- Father:

Substance Abuse , Mental Health Problems
- Step-Parent:

None
- Siblings:

Substance Abuse , Mental Health Problems

Other: None

If YES to any of the above, elaborate:

The client disclosed that substance abuse is prevalent in his family, with his mother, father, and brother all struggling with addiction. He also mentioned that his father and brother are dealing with mental health challenges, which complicates their ability to recover from drug abuse.

B. Family of Choice

1. Are you involved in a significant relationship? No

If YES, are you satisfied with relationship with partner? No relationship

2. Marriage History: ☒ None

3. Do you have any children? ☒ None

4. Are you satisfied with your relationship with your children? ☐ Yes ☐ No ☒ N/A

5. Is there any history of the following:

Partner: None

Past Partner: Substance Abuse , Criminal Involvement , Mental Health Problems

Children: None

If YES to any of the above, elaborate:

The client described their past relationships as involving partners who struggled with various issues, such as substance abuse, criminal activities, or mental health challenges. These difficulties were compounded by intense codependency from both individuals, which made sustaining a long-term, healthy relationship exceedingly difficult.

C. Cultural Influences

1. Were you raised in any specific culture? No

2. Do you identify with any specific cultural group? No

3. Do you currently practice any specific cultural rituals? No

D. Spirituality/Religious Assessment

1. Is religion or spirituality important in your life?

The client expressed that religion and spirituality hold significant importance in his life, as they were the key factors that helped him rise again during times of defeat and hopelessness.

2. Do you use prayer/meditation?

The client mentioned that he prays to God every morning and night, seeking guidance in his daily life through both good and bad times.

3. How does your faith help you cope with problems in your life?

Client noted his faith is the only coping skill he would use besides abusing drugs, to deal with problems he was facing in his life.

II. LEGAL HISTORY

1. Is Client currently involved in the Criminal Justice System? No

2. Have you ever been incarcerated? ☐ Yes ☒ No

If YES, list incarceration history, most recent first: ☒ None

3. Do you currently owe any restitution? No

4. How much will your legal situation influence your progress in treatment: N/A

5. What is the urgency of your legal situation? N/A

6. Is the legal situation related to your current issues with substance use or mental illness? N/A

III. EDUCATIONAL / VOCATIONAL / MILITARY ISSUES

A. Educational History

1. What is the highest grade completed / degree or certificate obtained?

HS Diploma

2. Are you currently enrolled and attending school? No

3. Do you have any future educational goals?

Client reported wanting to enroll in college, sooner rather than later, and become a chef.

B. Employment History

1. Has Client ever been employed? ☒ Yes ☐ No

If YES, list employment history (most recent first):

	Job/Position	Employment Dates	Reason for Leaving	Salary
	Cashier	2020-2022	substance abuse	

2. Do you need/want any specific vocational training?

Client reported wanting to get Culinary Arts training to become a chef.

3. Have you ever received any vocational training? No

C. Military Service

1. Have you ever served in the Military? ☐ Yes ☒ No

If YES: ☒ None

Additional information / comments concerning Educational / Vocational Issues: None

IV. SEXUAL / ABUSE / TRAUMA HISTORY

Describe your present sexual orientation:

heterosexual/assigned gender at birth

Check all that apply:

For all checked, describe below.

- Always had the same sexual orientation?

If YES, was it alcohol/drug related? ☐ Yes ☐ No ☒ N/A

Explain any checked items above:

Client reported being attracted to the opposite sex his entire life.

Are you currently in or have you ever been involved in an abusive relationship?

Client reported no.

TRAUMA ASSESSMENT:

Have you ever experienced any of the following types of trauma?

Significant death of a family member or friend:

☐ Yes ☒ No

Witnessing an Accident:

☐ Yes ☒ No

Community Violence:

☒ Yes ☐ No

Domestic Violence:

☐ Yes ☒ No

Childhood Trauma:

☒ Yes ☐ No

Natural Disaster:

☐ Yes ☒ No

Family Violence:

☐ Yes ☒ No

Neglect:

☐ Yes ☒ No

Any type of physical, sexual or emotional abuse:

☒ Yes ☐ No

School Violence:

☐ Yes ☒ No

Do you have a history of past or current types of trauma listed above, or sexual, psychological or physical abuse or any other type of abuse, and/or neglect, trauma or exploitation explain below:

Client reported his past experiences witnessing community violence, growing up with childhood trauma, and being a victim of emotional abuse.

Do you feel that this trauma may interfere with treatment and/or has led to past relapses?

The client acknowledged the negative impact his trauma has on his treatment, noting it has previously led to relapse. He expressed that understanding the effects of his past experiences provides him with greater clarity to remain sober while confronting these issues going forward.

Do you have a history of sexual, psychological or physical abuse or any other type of abuse, neglect, trauma or exploitation – Is the facility going to provide Trauma Therapy:

- **YES.** If YES, a Trauma Assessment is to be conducted by a Licensed Individual & added to the Problem List with a Treatment Plan

V. LEISURE/RECREATIONAL ACTIVITIES

List any hobbies, recreational interests, sports, games or other leisure activities you enjoy:

The client expressed, "I have not pursued any of my former hobbies and interests for a long time due to my escalating addiction, which consumed all my time. Additionally, when I wasn't feeding the addiction, my mental health issues presented another barrier that deterred me from engaging in my hobbies."

What effect has your substance use had on your leisure time?

The client expressed a lack of motivation to engage in activities beyond getting high and seeking means to do so. This, coupled with the fear of judgment from friends who do not abuse drugs, has led to significant isolation.

Money , Lack of time , Transportation , No interest

VI. CURRENT SOCIAL ENVIRONMENT

Current Social Situation/Environment (present living arrangement & environment, identify significant relationships with family members, support systems, current social / peer groups and community resources):

The client reported living with his father and brother in Pryor, Oklahoma, and recognized the constant chaos at his father's residence. He conveyed that his current living situation is not conducive to his well-being and intends to seek housing in California. Additionally, the client mentioned the absence of a sober support network both in his hometown and presently in California.

VII. CURRENT FINANCIAL STATUS

Current Financial Status & How did you pay for Drug/Alcohol Addiction?

The client reported financial difficulties due to an increasing dosage, which has led to a more costly drug habit.

VIII. CONSEQUENCES OF ADDICTION

1. Describe client's consequences of addiction:

Physical

Client reported having multiple seizures as a consequence of their inability to stop abusing drugs.

Emotional

Client reported suffering from severe and unmanageable anxiety..

Spiritual

Client reported he needs to rebuild his spirituality and relationship with GOD.

Value System

Client reported not feeling like he had a good value system to begin with because his parents were not good role models.

Legal

no legal problems

Financial

Client reported lacking any type of financial means due to spending what little I did have on drugs.

Social

Client explained not really having any true friends because everyone he mainly came in contact with, was heavily intoxicated or withdrawing.

Mental

Client reported suffering from severe and unmanageable anxiety..

Behavioral

Client described the negative impact on his well-being, by not taking care of myself and it eventually interfered with the quality of his daily life.

IV. SUBSTANCE USE HISTORY & ASSESSMENT

Substance History:

	First Used	Last Used	Frequency/Duration	Amount	Method	Pattern of Use (Episodic, Experimental, Binge, Continued, Mental/Behavioral)
Alcohol	13 yrs old	4/22/2024	daily	750 ml	oral	continued
Marijuana	13 yrs old	04/30/2024	weekends	1/2 gram-1 gram	inhaled	binge
Cocaine (Powder)						
Crack Cocaine						
Crystal Meth						

Heroin						
Suboxone/Zubsolv						
Oxycontin						
Methadone						
Other Opiates						
Benzodiazepines	15 yrs old	4/22/2024	daily	6 mg	oral	continued
Hallucinogens						
Amphetamines						
Inhalants						
Ketamine (Special K)						
Triple C's						
Codeine						
Ecstasy						
Bath Salts						
Flakka						
MDMA/Molly						
Steroids						
K2/Spice						
Kratom						
Kava						
Other OTC Drugs						

Other Drugs Used: ☒ None

Assessment for Other Addictive Disorders

History of Other Addictive Behaviors:

Eating Disorders? Denied

Have you ever received treatment for an Eating Disorder? ☐ Yes ☒ No

Is Eating Disorder still an issue for you? ☐ Yes ☐ No ☒ N/A

Do you have a history of Gambling? None

Do you feel that gambling is an issue for you? ☐ Yes ☐ No ☒ N/A

Are there other addictive behaviors (work, nicotine, sex, caffeine, shopping, and/or exercising) that the you have a problem with? None

Are there any other addictive disorders that will need to be addressed in treatment? None

List Drugs of Choice:

Preference	Class	Substance(s)
Primary	Alcohol	Spirits/liquor
Secondary	Sedatives, Hypnotics and Anxiolytics	Alprazolam
Tertiary		

Drug Craving: (Range 0-10, 10 being highest)

8

Treatment History

Number of Times:

0

Previous Treatment: ☒ None

Describe your treatment and relapse history, including AA experiences and attempts at abstinence/recovery:

The client described that in previous attempts at sobriety, they never sought treatment or attended AA/NA meetings, believing they were strong enough to overcome addiction independently. The client believed that quitting might be easier with the support of an inpatient or outpatient facility, given their history of relapse due to the overwhelming emotions and inability to manage daily tasks.

What precipitating events lead to relapse (i.e. triggers)?

The client has a history of severe anxiety and substance abuse. They reported that before entering treatment, their mental health significantly deteriorated, marked by persistent feelings of despair and desperation, heightened anxiety, and a growing sense of disconnection from others. To cope with these overwhelming emotions, the client increased their substance use, trying to numb the intensity of their feelings. They explained that they had never experienced such overwhelming emotions that they couldn't silence, leading them to feel as though they were losing their sanity. Recognizing the severity of their situation, the client decided to seek professional help.

X. TREATMENT ACCEPTANCE / RESISTANCE DIMENSION

1. Describe your external motivation for Treatment?

The client stated that their external motivation for treatment is to reconnect and rebuild relationships with loved ones, focus on improving their physical and mental well-being, and establish a strong foundation to support them through any challenges

they may encounter.

2. Describe your internal motivation for Treatment?

The client reported that their internal motivation includes gaining control over their persistent feelings of anxiety, learning to love themselves without seeking external validation, and becoming less impulsive emotionally and mentally.

3. Relapse/Continued Use Potential

Client's Strengths: Willingness to seek treatment , Willingness to comply with treatment , Ability to benefit from treatment

Client's Weaknesses:

Lacks coping skills , Poor impulse control , Inability to form relationships , Low self esteem , Poor motivation

Barriers to Treatment: Psychiatric diagnosis , Financial

XI. RECOVERY ENVIRONMENT

1. Do you have an existing positive support system? Yes
2. Is your current living environment conducive to progress in therapy? Yes
3. Are you currently engaged in any substance-free leisure activities or hobbies? Yes
4. What strengths do you have that will assist you in regards to recovery?

Client reported his willingness to follow directions from professionals in the substance abuse and mental health field, since he clearly does not have the answers, he is looking for.

5. Additional information / comments concerning recovery environment issues: None

XV. INTERVIEW WITH SIGNIFICANT FAMILY MEMBER

(When available in person or by phone)

1. Does family member / significant other view Client's behavior and/or usage as a problem? No
2. Has any family member / significant other attempted to address/intervene in Client's behavior and/or usage? ☐ Yes ☒ No

Why or Why Not?

Client reported his family also being heavily intoxicated and under the influence nearly every day, so either they have not noticed a change or do not feel it needs to be addressed.

3. Has family member / significant other noticed any changes in Client's behavior?

No
4. Have there been any traumatic events in the family or specific to the Client?

No
5. Is family member / significant other willing to participate in Client's treatment?

Yes

CLINICAL IMPRESSIONS:

Include the impact of spirituality on the ability of the individual to receive care/services/determination of any barriers to treatment and/or affiliation with certain types of self-help groups, and if any further assessments are needed.

The client presents with a complex clinical profile that includes F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe, F10.20 Alcohol use disorder, Severe, F41.1 Generalized anxiety disorder. The client reports that spirituality is a crucial aspect of their identity, but their addiction has significantly strained their spiritual beliefs and practices. This conflict between their addiction and spirituality exacerbates feelings of guilt, shame, and worthlessness, further impacting their mental health.

The client's severe anxiety, depressive symptoms, and multiple substance use disorders necessitate a comprehensive and integrated treatment approach. The impact of their strained spirituality on their mental health cannot be overlooked, as it plays a significant role in their overall well-being. It is essential to integrate spiritual support into the treatment plan to address this strain effectively. Referrals to faith-based counseling, spiritual advisors, or religious support groups that align with the client's beliefs are recommended. These interventions can help the client reconcile their spiritual beliefs with their recovery process and alleviate the associated guilt and shame.

Potential barriers to treatment include the client's feelings of guilt and shame, which may hinder their engagement in therapy and self-help groups. Addressing these barriers through a sensitive and inclusive approach is crucial. The client may benefit from affiliation with spiritually-oriented self-help groups, such as Alcoholics Anonymous (AA) or other faith-based recovery programs. These groups often integrate spiritual principles and can provide a supportive community that resonates with the client's values.

Further assessments are needed to fully understand the extent of the client's spiritual distress and its impact on their mental health and recovery. This includes a spiritual assessment to evaluate the client's spiritual beliefs and practices, a trauma assessment to explore the depth and impact of past trauma, and a dual diagnosis assessment to ensure a coordinated treatment approach for their multiple psychiatric diagnoses and substance use disorders.

In summary, the client's clinical picture requires a multifaceted treatment plan that integrates mental health care, substance use disorder treatment, and spiritual support. By addressing the strain on their spirituality and leveraging their spiritual beliefs as a source of strength and resilience, we can support the client's holistic recovery process and help them reclaim their spiritual well-being.

XII. ASSESSMENT OF MENTAL STATUS DURING INTERVIEW

- APPEARANCE:

Clean/neat
- AFFECT:

Appropriate
- MOOD:

Angry ,
Depressed
- BEHAVIOR:

Cooperative
- ORIENTATION:

Person , Time , Place

INSIGHT: Poor

JUDGMENT: Immature

LEVELS OF IMPAIRMENT / SEVERITY RATINGS

RATE CLIENT'S LEVEL OF IMPAIRMENT & SEVERITY:

RATING/SEVERITY SCALE:

- 0 – Not at all
- 1 – Slightly
- 2 – Moderately
- 3 – Considerably
- 4 – Extremely

PROBLEMS: 3 – Considerably (3)

MEDICAL: 2 – Moderately (2)

EMPLOYMENT: 0 – Not at all (0)

PEER SUPPORT: 1 – Slightly (1)

DRUG/ALCOHOL USAGE: 3 – Considerably (3)

LEGAL: 0 – Not at all (0)

FAMILY/SOCIAL: 3 – Considerably (3)

PSYCHIATRIC - MENTAL HEALTH: 3 – Considerably (3)

TOTAL SCORE: (15)

OVERALL LEVEL OF IMPAIRMENT & SEVERITY

0	Not at all impaired
1-7	Slightly impaired
8-15	Moderately impaired
16-23	Considerably impaired
24 & OVER	Extremely impaired

RATIONALE FOR TREATMENT AT THIS LEVEL OF CARE:

The client presents with a complex clinical profile characterized by multiple co-occurring disorders, including F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe, F10.20 Alcohol use disorder, Severe, F41.1 Generalized anxiety disorder. Given the client's rating of 15 on the Biopsychosocial assessment, indicating considerable impairment, admission to an outpatient mental health facility is warranted.

The severity of the client's anxiety and depressive symptoms, combined with the impact of their substance use disorders, has significantly impaired their daily functioning and overall quality of life. The client's spiritual distress further complicates their

clinical picture, as their addiction has strained their spiritual beliefs, exacerbating feelings of guilt, shame, and worthlessness. Addressing these spiritual concerns is crucial for a holistic approach to their recovery.

An outpatient mental health facility can provide the structured, comprehensive, and integrated care necessary to address the client's complex needs. The treatment plan should include mental health care through individual and group counseling to address anxiety, depression, and trauma-related symptoms using evidence-based therapies such as Cognitive Behavioral Therapy (CBT) and mindfulness techniques. Additionally, integrated treatment for substance use disorders, including medication management, relapse prevention strategies, and behavioral interventions tailored to the client's specific needs, is essential.

Incorporating spiritual support into the treatment plan through referrals to faith-based counseling, spiritual advisors, and religious support groups that align with the client's beliefs will help address the spiritual strain and provide a supportive community. Addressing potential barriers to treatment, such as feelings of guilt and shame, through a sensitive and inclusive approach, is critical to enhance the client's engagement in therapy and self-help groups. Encouraging participation in spiritually-oriented self-help groups, such as Alcoholics Anonymous (AA) or other faith-based recovery programs, can provide additional support and reinforce spiritual principles in recovery.

Further assessments, including a spiritual assessment to evaluate the extent of the client's spiritual distress, a trauma assessment to explore the impact of past trauma, and a dual diagnosis assessment to ensure a coordinated treatment approach for the client's multiple psychiatric diagnoses and substance use disorders, are necessary.

The considerable impairment indicated by the client's assessment score highlights the necessity for an intensive and multi-dimensional treatment plan that addresses both their mental health and substance use issues, as well as their spiritual well-being. This level of care is essential to provide the intensive support and structured environment required for the client's holistic recovery, ultimately improving their overall functioning and quality of life.

REASON FOR TREATMENT AT THIS TIME / GOAL FOR TREATMENT:

The client seeks treatment due to the considerable impairment caused by their complex clinical profile, which includes F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe, F10.20 Alcohol use disorder, Severe, F41.1 Generalized anxiety disorder. These disorders have significantly impacted the client's daily functioning, quality of life, and ability to maintain healthy relationships. The client experiences severe anxiety, depressive symptoms, and substantial spiritual distress, with their addiction straining their spiritual beliefs and practices, leading to feelings of guilt, shame, and worthlessness. The primary goal of treatment is to stabilize the client's mental health symptoms and address their substance use disorders through a comprehensive and integrated approach. This includes achieving sobriety, reducing anxiety and depressive symptoms, and reconnecting with their spirituality in a healthy and supportive manner. Specific goals encompass mental health stabilization through individual and group counseling using evidence-based therapies such as Cognitive Behavioral Therapy (CBT) and mindfulness techniques, achieving and maintaining sobriety through medication management, relapse prevention strategies, and behavioral interventions, and rebuilding and strengthening spiritual beliefs and practices with spiritual support. Addressing emotional barriers to engagement in therapy and self-help groups, leveraging support from spiritually-oriented self-help groups like Alcoholics Anonymous (AA), and conducting further assessments to tailor the treatment plan are also essential. The client's overall goal is to achieve a holistic recovery that integrates mental health care, substance use disorder treatment, and spiritual support, ultimately improving their daily functioning, quality of life, and sense of spiritual well-being.

INTEGRATED DIAGNOSTIC SUMMARY/CLINICAL IMPRESSION:

The client presents with a complex clinical profile characterized by F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe, F10.20 Alcohol use disorder, Severe, F41.1 Generalized anxiety disorder. These co-occurring disorders have led to significant impairment in the client's daily functioning, quality of life, and ability to maintain healthy relationships. The client experiences severe anxiety and depressive symptoms, compounded by substantial spiritual distress. Their addiction has created a significant strain on their spiritual beliefs and practices, exacerbating feelings of guilt, shame, and worthlessness.

Given the client's rating of 15 on the Biopsychosocial assessment, indicating considerable impairment, outpatient mental health treatment is deemed necessary. The client's primary goal is to stabilize their mental health symptoms and address their substance use disorders through a comprehensive and integrated approach, aiming for sobriety, symptom reduction, and spiritual reconnection. This treatment plan will include mental health stabilization through individual and group counseling using evidence-based therapies such as Cognitive Behavioral Therapy (CBT) and mindfulness techniques, integrated substance use disorder treatment with medication management and behavioral interventions, and spiritual support via faith-based counseling and self-help groups like Alcoholics Anonymous (AA). Addressing emotional barriers such as guilt and shame, and conducting further assessments including spiritual, trauma, and dual diagnosis assessments, are critical components of the client's holistic recovery plan. By addressing the client's mental health and substance use issues, while leveraging their spiritual beliefs as a source of strength, we aim to support their comprehensive recovery and improve their overall quality of life.

Diagnosis:

Diagnoses

F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

List Problems Identified in Bio-Psychosocial:

Total Problems: 2

Problem	Status	Behavioral Definition/As evidenced by
Substance Use Disorders	Active	<ul style="list-style-type: none">Continues substance use despite knowledge of experiencing persistent physical, legal, financial, vocational, social, and/or relationship problems that are directly caused by the use of the substance.Reports suspension of important social, recreational, or occupational activities because they interfere with using.
Anxiety	Active	<ul style="list-style-type: none">Abuses substances in an attempt to control anxiety symptoms.Excessive and/or unrealistic worry that is difficult to control, occurring more days than not for at least 6 months about a number of events or activities.

If a problem is identified, but not to be treated in treatment, add to Problem List and check to either Defer or Refer.

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4. Have there been any traumatic events in the family or specific to the Client? No

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Pre-Admission Assessment 05/23/2024 03:15 PM

Date/Time of Assessment: 05/23/2024 03:15 PM

Race: Hispanic

Marital Status: Single

Number of Marriages:

0

Living Arrangements

With whom does the patient live:

Dad and brothers

Does the patient wish to return to current living situation? ☐ Yes ☒ No

Does the client have children? No children

Are you pregnant? Denied

Are you employed? No

Does your employer know you are here? No

If yes, when are you supposed to return to work? N/A

Do you have any mobility issues/concerns? Denied

Are you ambulatory? Yes

Presenting Problem/Crisis/Precipitating Events leading to seeking treatment at this time:

The client presents with a history of severe depression, anxiety, and substance abuse. Over the past several months, there has been a significant deterioration in mental health, characterized by persistent feelings of hopelessness, increased anxiety, and frequent panic attacks. Concurrently, the client has escalated their use of substances, such as alcohol and prescription opioids, as a means of self-medication, leading to severe dependence.

The client reports a recent crisis that precipitated seeking treatment: a loss of employment due to poor performance and frequent absenteeism directly related to mental health and substance use issues. This event has exacerbated financial problems, causing significant stress and contributing to the deterioration of relationships with family members and other support systems.

Contributing Factors Leading to Seeking Treatment:

- Inability to Maintain Employment
- Financial Problems
- Deterioration of Health
- Deterioration of Family Relationships

Outpatient Providers

	Name of Treating Providers	Phone Numbers and/or Locations	Last Visit (Month/Year)
Psychiatrist	NA		
Therapist/Counselor	NA		
PCP/Other Specialist	NA		

Previous Substance Abuse/Psychiatric Treatments

Treatment History: ☒ None

Medical History

Current Medical Conditions:

Client reported a recent decrease in his appetite followed by an increase in the number of hours he sleeps a night, which is abnormal for him.

Current Medications: ☒ None

Allergies:

No Known Allergies/NKA

Psychiatric Conditions:

Client reported receiving generalized anxiety disorder as a mental health diagnosis.

Substance Abuse History

Substance History:

	First Used	Last Used	Frequency/Duration	Amount	Method	Pattern of Use (Episodic, Experimental, Binge, Continued)
Alcohol	13 yrs old	4/22/2024	daily	750 ml	oral	continued
Marijuana	13 yrs old	04/30/2024	weekends	1/2 gram-1 gram	inhaled	binge
Cocaine (Powder)						
Crack Cocaine						
Crystal Meth						
Heroin						
Suboxone/Zubsolv						
Oxycontin						
Methadone						
Other Opiates						
Benzodiazepines	15 yrs old	4/22/2024	daily	6 mg	oral	continued
Hallucinagens						
Amphetamines						
Inhalants						
Ketamine (Special K)						
Triple C's						
Codeine						
Ecstasy						
Bath Salts						
Flakka						
MDMA/Molly						
Steroids						
K2Spice						
Kratom						
Kava						
Other OTC drugs						
Other						

Current Signs and Symptoms of Withdrawal

Yawning , Anxiety , Sweats , Irritability , Loss of Appetite , Restlessness , Cravings, scale::

History of High Risk/Severe Withdrawal Symptoms:

- Seizure dates: Ct reported having 2 seizures in 2024,1 in 2023, and 3 in 2022

Neurovegetative Signs and Symptoms

Sleep Patterns: Good Fair Poor

☐

☐

☒

Hours per Night:

9

Sleep Hyper-Somnia
Interruptions:

Appetite: Good Fair Poor

☐

☐

☒

Unanticipated weight gain? No

Unanticipated weight loss? No

Loss or gain over the following time Yes No
period? ☐ ☒

Suicidal/Homicidal Lethality Risk Assessment

Suicidal Ideation: None

How long has the client had these n/a
thoughts?

Does the Client have a No
plan?

Past history of suicide No
attempts?

How was the attempt No attempt
made?

Homicidal Ideation? None

History of Violent Behavior None
(describe)

Self Abuse History

Does patient have a history of self No
mutilation?

How and where does client typically disfigure Denies

him/herself?

Eating Disorders: None

Preadmission Mental Status

Speech: Soft

Judgment:Poor

Insight: Awareness of Illness

Thought Process: Preoccupied

Memory: Recent Impaired

Attention: Distracted

Affect: Anxious

Family History

Father: Drug Abuse , Mental Illness

Mother: Active Drug User

Siblings: Active Drug User , Mental Illness

Spouse: None

Children: None

Other: None

Rationale for Treatment Admission:

The client presents with a multifaceted clinical profile that includes F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe, F10.20 Alcohol use disorder, Severe, F41.1 Generalized anxiety disorder. The severity and complexity of these co-occurring disorders have significantly impaired the client's ability to function in daily life.

The client has experienced considerable difficulty in maintaining employment, which has led to financial instability. Additionally, there has been a marked deterioration in their physical health and family relationships. The client's history of substance use has led to past overdoses, highlighting the urgent need for comprehensive and continuous care.

Admission to a PHP level of care is warranted due to the client's high level of impairment and the need for a structured, multidisciplinary approach to address their mental health and substance use disorders. The treatment plan will aim to stabilize the client's mental health symptoms, manage their substance use disorders, and provide the support necessary to rebuild

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe, F10.20 Alcohol use disorder, Severe, F41.1 Generalized anxiety disorder

their personal and professional life. Key components of the treatment will include individual and group therapy, medication management, behavioral interventions, and support for rebuilding family relationships and improving overall health.

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Jennifer Rosa, Administrator (Staff), 07/30/2024 02:14 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US &
Canada)

Self Preservation Statement 05/23/2024 05:56 PM

Evaluation Date: 05/23/2024 05:56 PM

Note: Each criterion must be met for a Patient to be eligible for services

- Ambulatory or capable of self-transfer and self-preservation
- Able to participate in and benefit from treatment programming and services
- Able to maintain personal hygiene and grooming with minimal prompting
- Able to express problems and concerns to appropriate persons
- The above named Patient has been assessed by me and I have determined that he / she is capable of self-preservation and does not currently pose a threat of physical harm to self or others

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Leslie Langley, Doctor (Staff), NPI Number 1255779120, DEA ML3031743, 08/08/2024 05:59 AM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Spiritual Assessment 05/24/2024

Date: 05/24/2024

Note: The following assessment is to be used for informational purposes only. It is not intended to reflect anything else other than the client's spiritual inclination.

A. SOURCES OF HOPE

1. What are your sources of hope and strength?

Client stated "My sources of hope and strength come from my cultural heritage, which instills values of resilience and the importance of family, and my faith in something greater than myself. I am motivated by a desire to break the cycle of addiction and mental illness in my family and the support I receive from my outpatient facility and loved ones."

2. What do you hold on to during difficult times?

Client stated "During difficult times, I hold on to my belief in a better future and the strength I've developed from overcoming past challenges. I also find comfort in my cultural roots, my faith, and the support of my newly obtained sober friends, my peers, and the staff, which all remind me that I'm not alone in this journey."

3. What sustains you and keeps you going?

Client stated "What sustains me and keeps me going is the belief that I can create a better life for myself, free from addiction and mental illness. The support of my loved ones, the guidance from my outpatient program, and my faith in a higher power all give me the strength to keep pushing forward, even when things get tough."

B. RELIGIOUS BACKGROUND AND BELIEFS

1. Did you practice any religion when you were growing up? ☒ Yes ☐ No

2. Do you practice a religion currently?

- Christianity/Catholic

3. Do you believe in God or a Higher Power? ☒ Yes ☐ No

4. How would you describe God/Higher Power? Personal or impersonal? Loving or stern?

- Personal
- Loving

• Stern

C. SPIRITUAL MEANING AND VALUES

1. Do you follow any spiritual path or practice?

Client stated "Yes, I grew up in the Catholic Church, and while I may not attend regularly, the teachings and rituals still hold significance for me. I find comfort in prayer and occasionally visiting church, which helps me feel connected to my faith and provides a sense of peace and guidance in my life."

2. What significant spiritual experiences have you had?

Client stated "A significant spiritual experience for me was when I hit rock bottom due to my addiction. I felt completely lost and overwhelmed by the suffering, both physically and emotionally, from abusing alcohol and benzodiazepines. It was in this dark moment, filled with despair and the realization that I couldn't continue living this way, that I felt a powerful sense of clarity and a push to seek help. This experience was a turning point, where I felt a strong, almost spiritual conviction that I needed to get clean and rebuild my life."

D. PRAYER/MEDITATE EXPERIENCES

1. Do you pray or meditate? ☒ Yes ☐ No

2. When do you pray or meditate?

• Daily

E. FAITH AND BELIEFS

1. Do you consider yourself spiritual or religious? ☒ Yes ☐ No

2. What are your spiritual or religious beliefs?

Client stated "My spiritual beliefs are rooted in the Catholic faith I grew up with. I believe in God and the teachings of the Church, which emphasize compassion, forgiveness, and the importance of community. While I'm still exploring my spirituality, these beliefs give me a sense of purpose and hope, especially during challenging times."

3. What things do you believe in that give meaning to your life?

Client stated "I believe in the power of personal growth and redemption, which give meaning to my life. The belief that I can overcome my past struggles, help others, and build a better future for myself and my loved ones drives me forward. My faith in a higher power and the support of my community also provide a sense of purpose and hope, reminding me that I'm capable of positive change."

F. IMPORTANCE AND INFLUENCE

1. Is religion/spirituality important in your life? ☒ Yes ☐ No

2. How have your religion/spirituality influenced your behavior and mood during your recovery?

Client stated "My religion and spirituality have been a crucial part of my recovery, providing me with a moral compass and a source of strength. They help me stay focused on making positive choices and remind me to be patient and forgiving with

myself. Prayer and reflection have become important tools for managing my mood, giving me peace and grounding me when I feel overwhelmed or tempted to relapse."

G. COMMUNITY

1. Are you part of a spiritual or religious community? ☒ Yes ☐ No

Explain:

Client stated "Yes, I am part of a spiritual community. Growing up, my family struggled with addiction and mental health issues, which made life really challenging. In the midst of all that chaos, I found solace in spirituality. It became a source of hope and stability for me when everything else seemed out of control."

Spiritual Assesment Summary

The client indicates a strong sense of spirituality, affirming a belief in a higher power and regular engagement in meditation or prayer. This spiritual orientation can be a significant resource in their overall well-being and recovery process. The client's spiritual practices provide a sense of purpose, hope, and resilience, which can positively impact their mental and emotional health. Recognizing the client's spirituality, it is recommended to integrate their beliefs and practices into the treatment plan. This might involve encouraging the continuation of meditation or prayer as a coping strategy and exploring any additional spiritual resources or community support that align with the client's beliefs. By acknowledging and incorporating the client's spirituality, we can support their holistic healing process, enhance their motivation, and potentially improve treatment outcomes. Regular discussions about the role of spirituality in the client's life and its impact on their treatment progress should be included in ongoing sessions

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Jennifer Rosa, Administrator (Staff), 07/31/2024 11:37 AM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Initial Aftercare Plan 05/24/2024

Date: 05/24/2024

1) After treatment I will

- Not sure

2) After treatment I will

- Attend an intensive outpatient or outpatient program

3) I want to develop _____ in treatment

- Daily Schedule
- Sober Fun Plan

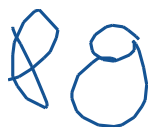
4) I need help with

- Aftercare

5) Therapeutic Resources

- 1.: Art therapy
- 2.: Attending AA/NA meetings
- 3.: exercise

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Pedro Gonzalez (participant), 07/29/2024 07:01 PM

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

Staff present: Jennifer Rosa, Administrator

A handwritten signature in blue ink, appearing to be 'JR' or similar, located above a horizontal line.

Jennifer Rosa, Administrator (Staff), 07/29/2024 07:02 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Problem List 05/24/2024 11:55 AM

Date of Service: 05/24/2024 11:55 AM

Problem List: Total Problems: 2

Problem	Status	Behavioral Definition/As evidenced by
Anxiety	Active	<ul style="list-style-type: none">Abuses substances in an attempt to control anxiety symptoms.Excessive and/or unrealistic worry that is difficult to control, occurring more days than not for at least 6 months about a number of events or activities.
Substance Use Disorders	Active	<ul style="list-style-type: none">Continues substance use despite knowledge of experiencing persistent physical, legal, financial, vocational, social, and/or relationship problems that are directly caused by the use of the substance.Reports suspension of important social, recreational, or occupational activities because they interfere with using.

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Jennifer Rosa, Administrator (Staff), 07/31/2024 12:00 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Clinical Individualized Treatment Plan - Substance Use Disorders 05/24/2024 11:56 AM

Date Established: 05/24/2024 11:56 AM

Problem (in patient's own words):

"I recently got clean from alcohol and benzodiazepines after struggling with substance abuse to cope with my anxiety and childhood trauma, and I need help maintaining my sobriety and managing my triggers."

Modality: Clinical

Problem: Substance Use Disorders

Goal 1

Establish and maintain total abstinence, while increasing knowledge of the disease and the process of recovery.

Objective 1

Implement relapse prevention strategies for managing possible future situations with high risk for relapse.

Plan 1

Discuss with the client the distinction between a lapse and relapse, associating a lapse with an initial, temporary, and reversible use of a substance and relapse with the decision to return to a repeated pattern of abuse.

Plan Status

Target date	Status	Date/Comment	By	Signature
05/31/2024	Open		Jennifer Rosa, Administrator 07/31/2024	 Pedro Gonzalez, 07/31/2024 12:12 PM
06/07/2024	Extended		Jennifer Rosa, Administrator 07/31/2024	 Pedro Gonzalez, 07/31/2024 12:16 PM
06/14/2024	Extended		Jennifer Rosa, Administrator 07/31/2024	 Pedro Gonzalez, 07/31/2024 12:16 PM

06/21/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:16 PM</div>
06/28/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:16 PM</div>
07/05/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:16 PM</div>
07/12/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:16 PM</div>
07/19/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:16 PM</div>
07/26/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:16 PM</div>
08/02/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:16 PM</div>

Plan 2

Request that the client identify feelings, behaviors, and situations that place him/her at a higher risk for gambling and/or substance abuse (or assign "Relapse Triggers" in the Adult Psychotherapy Homework Planner by Jongsma).

Plan Status

Target date	Status	Date/Comment	By	Signature
05/31/2024	Open		Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:12 PM</div>

		
06/07/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<u>Pedro Gonzalez, 07/31/2024</u> 12:16 PM
		
06/14/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<u>Pedro Gonzalez, 07/31/2024</u> 12:16 PM
		
06/21/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<u>Pedro Gonzalez, 07/31/2024</u> 12:16 PM
		
06/28/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<u>Pedro Gonzalez, 07/31/2024</u> 12:16 PM
		
07/05/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<u>Pedro Gonzalez, 07/31/2024</u> 12:16 PM
		
07/12/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<u>Pedro Gonzalez, 07/31/2024</u> 12:16 PM
		
07/19/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<u>Pedro Gonzalez, 07/31/2024</u> 12:16 PM
		
07/26/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<u>Pedro Gonzalez, 07/31/2024</u> 12:16 PM
		
08/02/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<u>Pedro Gonzalez, 07/31/2024</u> 12:16 PM

Client Statement: I have participated in the development and review of this treatment plan, have received a copy of this treatment plan and I agree to participate in this part of my treatment to the best of my ability.

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder



Pedro Gonzalez (participant), 07/31/2024 12:12 PM

Staff present: Jennifer Rosa, Administrator

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Clinical Individualized Treatment Plan - Anxiety 05/24/2024 11:56 AM

Date Established: 05/24/2024 11:56 AM

Problem (in patient's own words):

"I struggle with severe anxiety from a chaotic childhood and past substance abuse, and I need help finding healthier ways to manage my stress and emotions."

Modality: Clinical

Problem: Anxiety

Goal 1

Stabilize anxiety level while increasing ability to function on a daily basis.

Objective 1

Learn and implement calming skills to reduce overall anxiety and manage anxiety symptoms.

Plan 1

Assign the client homework each session in which he/she practices relaxation exercises daily, gradually applying them progressively from non-anxiety-provoking to anxiety-provoking situations; review and reinforce success while providing corrective feedback toward improvement.

Plan Status

Target date	Status	Date/Comment	By	Signature
05/31/2024	Open		Jennifer Rosa, Administrator 07/31/2024	 Pedro Gonzalez, 07/31/2024 12:05 PM
06/07/2024	Extended		Jennifer Rosa, Administrator 07/31/2024	 Pedro Gonzalez, 07/31/2024 12:07 PM
06/14/2024	Extended		Jennifer Rosa, Administrator 07/31/2024	 Pedro Gonzalez, 07/31/2024 12:07 PM


06/21/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:07 PM</div>
06/28/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:07 PM</div>
07/05/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:07 PM</div>
07/12/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:07 PM</div>
07/19/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:07 PM</div>
07/26/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:07 PM</div>
08/02/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:07 PM</div>

Plan 2

Teach the client relaxation skills (e.g., progressive muscle, guided imagery, slow diaphragmatic breathing) and how to discriminate better between relaxation and tension; teach the client how to apply these skills to his/her daily life (e.g., New Directions in Progressive Muscle Relaxation by Bernstein, Borkovec, and Hazlett-Stevens; Treating GAD by Rygh and Sanderson).

Plan Status

Target date Status	Date/Comment	By	Signature
05/31/2024 Open	Jennifer Rosa, Administrator 07/31/2024		<div>Pg</div> <div>Pedro Gonzalez, 07/31/202412:05 PM</div>

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06/07/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	12:07 PM
		 Pedro Gonzalez, 07/31/2024
06/14/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	12:07 PM
		 Pedro Gonzalez, 07/31/2024
06/21/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	12:07 PM
		 Pedro Gonzalez, 07/31/2024
06/28/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	12:07 PM
		 Pedro Gonzalez, 07/31/2024
07/05/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	12:07 PM
		 Pedro Gonzalez, 07/31/2024
07/12/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	12:07 PM
		 Pedro Gonzalez, 07/31/2024
07/19/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	12:07 PM
		 Pedro Gonzalez, 07/31/2024
07/26/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	12:07 PM
		 Pedro Gonzalez, 07/31/2024
08/02/2024 Extended	Jennifer Rosa, Administrator 07/31/2024	12:07 PM

Client Statement: I have participated in the development and review of this treatment plan, have received a copy of this treatment plan and I agree to participate in this part of my treatment to the best of my ability.

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

pg

Pedro Gonzalez (participant), 07/31/2024 12:05 PM

Staff present: Jennifer Rosa, Administrator

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Social Risk Assessment 05/24/2024 03:01 PM

Evaluation Date: 05/24/2024 03:01 PM

Instructions: Ask the Client the following questions and indicate below with a check on the Yes or No box.

1. Have you ever taken drugs using a needle?

☐ Yes ☒ No
2. Are you the sex partner of a person diagnosed with HIV/AIDS?

☐ Yes ☒ No
3. Have you ever had sex while using non-injecting drugs?

☒ Yes ☐ No
4. Have you ever had sex in exchange for money, drugs, etc?

☐ Yes ☒ No
5. Do you currently have a sexually transmitted disease (STD)?

☐ Yes ☒ No
6. Have you ever been diagnosed with an STD?

☐ Yes ☒ No
7. Are you the child of a woman who has HIV/AIDS?

☐ Yes ☒ No
8. Did you receive any blood or blood products between 1977 and 1985?

☐ Yes ☒ No
9. Have you been exposed to HIV/AIDS through the Health Care Industry?

☐ Yes ☒ No
10. Have you had sex with more than one person in the past year?

☒ Yes ☐ No
11. Are you a survivor of a sexual assault?

☐ Yes ☒ No
12. Have you ever had sexual relations with an injection drug user?

☒ Yes ☐ No
13. Have you ever had sex with a man you know had sex with another man in the past?

☐ Yes ☒ No
14. Have you ever had sex with a person who would be considered at risk for HIV/AIDS?

☐ Yes ☒ No
15. Have you ever been tested for HIV/AIDS?

☐ Yes ☒ No
16. Have you tested positive for HIV/AIDS?

☐ Yes ☒ No

If Yes, give date: N/A

17. Have you ever shared needles or “works”?

☐ Yes ☒ No
18. Have you ever experienced blackouts when under the influence of a drug and/or alcohol?

☒ Yes ☐ No
19. Have you ever had Herpes, Hepatitis B, Syphilis, Gonorrhea, Chlamydia or Genital Sores (sores on the sex organs)?

☐ Yes ☒ No
20. Would you like to be referred for HIV testing?

☐ Yes ☒ No

If the Client answers Yes to Question #20, the Client must be referred for HIV testing.

If the Client answers Yes to 5 or more questions, they may be at high risk for HIV – Encourage the Client to be referred for testing.

Location of Referral:

NA

Date of Referral: 05/24/2024

HIV pre and post counseling will be provided by this facility:

☐ Yes ☒ No

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Jennifer Rosa, Administrator (Staff), 07/29/2024 07:04 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Legal Assessment 05/24/2024 03:01 PM

Date/Time: 05/24/2024 03:01 PM

1. Have you ever committed a crime?

- No, Skip to Question # 5

2. What was the first crime you ever committed?

- Other Crime:: NA

3. How old were you the first time you committed?

Sell to Dealers:	Age: NA
Manufactured Drugs:	Age: NA
Shoplifting:	Age: NA
Robbery (including drugs):	Age: NA
Motor Vehicle/Grand Theft Auto:	Age: NA
Con Game:	Age: NA
Petty Theft:	Age: NA
Stolen Goods (sell, trade, own):	Age: NA
Weapon:	Age: NA
Other Crime:	Age: NA
Other Theft (including drugs):	Age: NA
Smuggle Drugs:	Age: NA
Sell to Users:	Age: NA
Burglary:	Age: NA

Prostitution (for drugs or money):	Age: NA
Pickpocket:	Age: NA
Bad Paper (Rx, check, credit card):	Age: NA
Unarmed Assault:	Age: NA
Other Assault:	Age: NA

4. Have often did you commit the following crimes?

Sell to Dealers:	N/A
Manufactured Drugs:	N/A
Shoplifting:	N/A
Robbery (including drugs):	N/A
Motor Vehicle/Grand Theft Auto:	N/A
Con Game:	N/A
Stolen Goods (sell, trade, own):	N/A
Weapon:	N/A
Other Crime:	N/A
Other Theft (including drugs):	N/A
Smuggle Drugs:	N/A
Sell to Users:	N/A
Burglary:	N/A
Prostitution (for drugs or money):	N/A
Pickpocket:	N/A
Bad Paper (Rx, check, credit card):	N/A
Unarmed Assault:	N/A
Other Assault:	N/A

5. Describe the first time you were arrested:
Specify age, offense, impaired, co-defendant, outcome/disposition: never prosecuted, found not guilty, suspended

sentence, probation, incarceration, probation/parole, community control, community service, conditions of probation

NA

6. How many times have you been arrested in your lifetime?

NA

7. How old were you when you were first incarcerated? Specify age and timeframe

NA

8. Describe current legal situation (probation/parole; child welfare involvement; DUI; restraining order, community control; conditions of probation). If currently involved, give name of probation/parole officer/community control officer; length of probation/parole; conditions of probation/parole:

NA

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Jennifer Rosa, Administrator (Staff), 07/29/2024 07:03 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) 06/06/2024

Date: 06/06/2024

Columbia-Suicide Severity Rating Scale (C-SSRS)

The **Columbia-Suicide Severity Rating Scale (C-SSRS)** is a questionnaire used for suicide assessment developed by multiple institutions, including Columbia University, with NIMH support. The scale is evidence-supported and is part of a national and international public health initiative involving the assessment of suicidality. Available in 103 different languages, the scale has been successfully implemented across many settings, including schools, college campuses, military, fire departments, the justice system, primary care and for scientific research.

Several versions of the C-CCRS have been developed for clinical practice. The **Risk Assessment** version is three pages long, with the initial page focusing on a checklist of all risk and protective factors that may apply. This page is designed to be completed following the client (caller) interview. The next two pages make up the formal assessment. The C-SSRS Risk Assessment is intended to help establish a person's immediate risk of suicide and is used in acute care settings.

In order to make the C-SSRS Risk Assessment available to all Lifeline centers, the Lifeline collaborated with Kelly Posner, Ph.D., Director at the Center for Suicide Risk Assessment at Columbia University/New York State Psychiatric Institute to slightly adjust the first checklist page to meet the Lifeline's Risk Assessment Standards. The following components were added: helplessness, feeling trapped, and engaged with phone worker.

The approved version of the C-SSRS Risk Assessment follows This is one recommended option to consider as a risk assessment tool for your center. If applied, it is intended to be followed exactly according to the instructions and cannot be altered.

Training is available and recommended (though not required for clinical or center practice) before administering the C-SSRS. Training can be administered through a 30-minute interactive slide presentation followed by a question-answer session or using a DVD of the presentation. Those completing the training are then certified to administer the C-SSRS and can receive a certificate, which is valid for two years.

To complete the C-SSRS Training for Clinical Practice, visit <http://c-ssrs.trainingcampus.net/>

For more general information, go to<http://cssrs.columbia.edu/>

Any other related questions, contact Gillian Murphy atgmmurphy@mhaofnyc.org.

COLUMBIA-SUICIDE SEVERITY RATING SCALE
(C-SSRS)

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann
© 2008 The Research Foundation for Mental Hygiene, Inc.

RISK ASSESSMENT VERSION

(* elements added with permission for Lifeline centers)

Treatment History

- Not receiving treatment

Other Risk Factors n/a

Clinical Status (Recent)

- Hopelessness
- Highly impulsive behavior
- Substance abuse or dependence
- Agitation or severe anxiety

Protective Factors (Recent)

- Identifies reasons for living
- Supportive social network or family

Other Protective Factors n/a

Describe any suicidal, self-injury or aggressive behavior (include dates): n/a

Suicidal Ideation

Ask questions 1 & 2. If both are negative, proceed to “Suicidal Behavior” section. If the answer to question 2 is “yes,” ask questions 3, 4, and 5. If the answer to question 1 and/or 2 is “yes,” complete “Intensity of Ideation” section below.

1. Wish to be Dead

Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

Have you wished you were dead or wished you could go to sleep and not wake up? No

Lifetime: Time He/She Felt Most Suicidal No

Past 1 Month No

2. Non-Specific Active Suicidal Thoughts

General non-specific thoughts of wanting to end one’s life/commit suicide (e.g. *“I’ve thought about killing myself”*) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.

Have you actually had any thoughts of killing yourself? No

Lifetime: Time He/She Felt Most Suicidal No

Past 1 Month No

3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act

Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g. thought of method to kill self but not a specific plan). Includes person who would say, *“I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it.”*

Have you been thinking about how you might do this? No

Lifetime: Time He/She Felt Most Suicidal No

Past 1 Month No

4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan

Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts as opposed to *“I have the thoughts but I definitely will not do anything about them.”*

Have you had these thoughts and had some intention of acting on them? None

Lifetime: Time He/She Felt Most Suicidal No

Past 1 Month No

5. Active Suicidal Ideation with Specific Plan and Intent

Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.

Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

None

Lifetime: Time He/She Felt Most Suicidal No

Past 1 Month No

Intensity of Ideation

The following features should be rated with respect to the most sever type of ideation (i.e. 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about the time he/she was feeling the most suicidal.

Lifetime – Most Severe Ideation

0

Description of Ideation

NA

Recent – Most Severe Ideation

0

Description of Ideation

NA

Frequency

How many times have you had these thoughts?

- (1) Less than once a week
- (2) Once a week
- (3) 2-5 times in week
- (4) Daily or almost daily
- (5) Many times each day

Most Severe - Lifetime (indicate number): 0 , Most Severe – Past 1 Month (indicate number):

0

Duration

When you have the thoughts how long do they last?

- (1) Fleeting – a few seconds or minutes
- (2) Less than 1 hour/some of the time
- (3) 1-4 hours/a lot of time
- (4) 4-8 hours/most of day
- (5) More than 8 hours/persistent or continuous

Most Severe - Lifetime (indicate number): 0 , Most Severe – Past 1 Month (indicate number):

0

Controllability

Could/can you stop thinking about killing yourself or wanting to die if you want to?

- (1) Easily able to control thoughts
- (2) Can control thoughts with little difficulty
- (3) Can control thoughts with some difficulty
- (4) Can control thoughts with a lot of difficulty
- (5) Unable to control thoughts
- (0) Does not attempt to control thoughts

Most Severe - Lifetime (indicate number): 0 , Most Severe – Past 1 Month (indicate number): 0

Deterrents

Are there things – anyone or anything (e.g. family, religion, pain of death) – that stopped you from wanting to die or acting on thoughts of committing suicide?

- (1) Deterrents definitely stopped you from attempting suicide
- (2) Deterrents probably stopped you
- (3) Uncertain that deterrents stopped you
- (4) Deterrents most likely did not stop you
- (5) Deterrents definitely did not stop you
- (0) Does not apply

Most Severe - Lifetime (indicate number): 0 , Most Severe – Past 1 Month (indicate number): 0

Reasons for Ideation

What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?

- (1) Completely to get attention, revenge or a reaction from others
- (2) Mostly to get attention, revenge, or a reaction from others
- (3) Equally to get attention revenge, or a reaction from others and to end/stop the pain
- (4) Mostly to end/stop the pain (you couldn't go on living with the pain or how you were feeling)
- (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling)
- (0) Does not apply

Most Severe - Lifetime (indicate number): 0 , Most Severe – Past 1 Month (indicate number): 0

Suicidal Behavior

(Check all that apply, so long as these are separate events; must ask about all types)

Actual Attempt:

A potentially self-injurious act committed with at least some wish to die,as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is **any** intent/desire to die associated with the act, then it can be considered an actual suicide attempt. **There does not have to be any injury or harm** just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.

Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.

Have you made a suicide attempt? No

Have you made a suicide attempt? No

Have you made a suicide attempt? No

What did you do? No

Did you_____ as a way to end your life No

Did you want to die (even a little) when you_____? No

Were you trying to end your life when you _____? No

Or Did you think it was possible you could have died from_____?

No

Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Self-Injurious Behavior without suicidal intent)

No

Lifetime No

Past 3 Months No

Has subject engaged in Non-Suicidal Self-Injurious Behavior?

Lifetime No

Past 3 Months

No

Interrupted Attempt:

When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act(*if not for that, actual attempt would have occurred*).

Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.

Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?

No

Lifetime No

Past 3 Months No

Aborted or Self-Interrupted Attempt:

When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.

Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?

No

Lifetime No

Past 3 Months No

Preparatory Acts or Behavior:

Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).

Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?

No

Lifetime No

Past 3 Months No

Actual Lethality/Medical Damage:

(0) No physical damage or very minor physical damage (e.g., surface scratches).

- (1) Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains).
- (2) Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel).
- (3) Moderately severe physical damage; *medical* hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures).
- (4) Severe physical damage; *medical* hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area).
- (5) Death

Most Recent Attempt/Enter Code: 0 , Most Lethal Attempt/Enter Code: 0 , Initial/First Attempt/Enter Code: 0

Potential Lethality: Only Answer if Actual Lethality=0

Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).

0 = Behavior not likely to result in injury

1 = Behavior likely to result in injury but not likely to cause death

2 = Behavior likely to result in death despite available medical care

Most Recent Attempt/Enter Code: 0 , Most Lethal Attempt/Enter Code: 0 , Initial/First Attempt/Enter Code: 0

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Jennifer Rosa, Administrator (Staff), 07/29/2024 03:03 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Educational Learning Assessment 06/06/2024

Evaluation Date: 06/06/2024

SECTION A: Educational Learning Assessment

Pre-Treatment Teaching

Did you participate in any pre-treatment education? No

Knowledge of Disease:

The client expressed, "I am aware that addiction is a disease, yet I feel there is much more for me to learn to fully comprehend my personal addiction. I have witnessed the disease of addiction firsthand from my parents and my brother throughout my life, it has shown the how difficult battling this disease can be. Unfortunately, I've mainly been witness to what happens from non-stop continued use and little to no experience on what is needed to overcome this disease. I've heard about triggers and coping skills but I've never learned about them or how they will help me stay sober."

Knowledge: Limited

Barriers To Learning:

- None

Religious/Cultural Practices

Do you have any religious or cultural practices that may alter your care? No

Language/Cognition

Communicate in: English

Reading Ability: Able to Read

Reading Preference: English

Readiness for Learning.

Check all that apply:

- Expresses desire for information

Individual Educational Needs / Patient & Family.

Check all identified needs that apply:

- Psychiatric Issues: learn how to manage my anxiety
- ADLs (basic): create a daily routine to help me build structure
- Community Resources/Support Groups: sober support groups

Preferred Learning Style:

- Discussions with staff
- Information sheet
- Computer
- Ask/Answer questions

SECTION B: Teaching Needs

Includes but not limited to the following:

- Psychiatric Issues Pertaining to Diagnosis
- ADL Skills
- Community Resources/Support Groups
- Access to Follow-up and Aftercare Services
- Relapse Prevention
- Stress Management

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Jennifer Rosa, Administrator (Staff), 07/29/2024 06:59 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Tuberculosis Skin Testing Questionnaire 06/06/2024 03:56 PM

Date/Time: 06/06/2024 03:56 PM

Please check YES or NO in response to the following questions:

1. Are you a recent contact to an infectious case of tuberculosis?

☒ No ☐ Yes
2. Have you ever had an organ transplant?

☒ No ☐ Yes
3. Are you a recent (within the last 5 years) immigrant from a country with a high rate of TB?

No

If yes, what country?
4. Have you ever injected drugs?

☒ No ☐ Yes
5. Have you been in jail, prison, or a nursing home?

☒ No ☐ Yes
6. Have you ever worked in a lab that processed TB specimens?

☒ No ☐ Yes
7. Do you have any of the following medical conditions?

☒ No ☐ Yes

Check all that apply:

Client denies

8. Have you ever been told you have an abnormal chest x-ray?

☒ No ☐ Yes
9. Have you had any of the following symptoms recently?

☒ No ☐ Yes

Check all that apply:

Client denies

If you answered NO to all of these questions, you do not fall into one of the groups that should receive a skin test.
If you answered YES to any of these questions, you will be further evaluated by a Nurse, Physician, or the County Health Department Nurse.



Pedro Gonzalez (participant), 07/29/2024 03:00 PM

Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/29/2024 03:01 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Belongings Placed in the Safe 07/14/2024 11:51 PM

Date: 07/14/2024 11:51 PM

Additional luggage in storage: ☐ Yes ☒ No

Driver's license: No

Other IDs: None

Insurance Card(s): No

Cash: No

Checks (blank): No

Checks (written): No

Wallet: No

Credit or debit cards: None

Phones and electronic devices

Sharps: None

Other items: None


Attachments:

Clients are to be encouraged not to keep valuables on the unit and to send them home whenever possible. The facility maintains a safe for safekeeping your money and valuables. The facility shall not be liable for the loss or damage to any pocketbooks, money, jewelry, eyeglass/contact lens, dentures, documents, personal electronic devices or other articles of

value that are personally kept/not deposited in the safe for your security. It is strongly recommended that all items not required and/or needed during your stay in the facility be sent home.

I have reviewed the above statement and am taking responsibility for any items that I keep in my possession and will hold the facility harmless for any loss or damage to such items.

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Pedro Gonzalez (participant), 07/14/2024 11:59 PM

Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/14/2024 11:59 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness

Activities Release and Waiver of Liability

Notice: This form contains a release and waiver of liability and when signed is a contract between the undersigned participant and D&T Wellness with legal consequences. Please read this Agreement, consisting of one (1) pages in its entirety, carefully before signing your name at the bottom of the page. This form must be signed in the presence of one (1) witness who should sign as a witness.

Date of Execution of Release and Waiver of Liability:

The undersigned agrees that this “Activities Release and Waiver of Liability” form agreement is valid from the date of execution through the date of discharge.

Acknowledgments and Representations by Client:

The undersigned is currently a client of D&T Wellness . The undersigned has voluntarily consented to participate in voluntary sports activities or voluntary physical activities such as volleyball, aerobics, and other such types of voluntary sports or physical activities, which may not be specifically identified herein while being a client at such facility. The undersigned acknowledges and represents that their participation in such sports activities and physical activities is not a mandatory requirement of D&T Wellness , and that any participation by the undersigned in any and all sports-related activities and physical activities, is purely voluntary and of the undersigned’s own free will. The undersigned acknowledges and represents that there has been no coercion or force on the part of D&T Wellness for the undersigned to execute this release and waiver of liability agreement. The undersigned has knowingly, freely, and voluntarily consented to execute this release and waiver of liability agreement. The undersigned acknowledges and understands that it is the undersigned’s sole decision to participate in such voluntary activities. The undersigned acknowledges and represents that he has been informed that he has an absolute right to refuse to participate in any and all sports-related activities or physical activities.

To D&T Wellness , Inc.: In consideration of the opportunity afforded to me, by D&T Wellness , to participate in voluntary sports activities or voluntary physical activities such as volleyball, aerobics, and any other similar types of voluntary sports or physical activities which may not be specifically identified herein, the undersigned client freely agrees to make the following contractual representations and agreements with D&T Wellness .

The undersigned client, does hereby knowingly, freely, and voluntarily assume all liability for any damage or injury that may

occur as a result of my (or my dependent/ward) participation in the activities described herein and agree to release, waive, discharge, and covenant not to sue D&T Wellness , its officers, agents, employees, and volunteers from any and all liability or claims that may be sustained by me or a third party directly or indirectly in connection with, or arising out of participation in the activities described herein, whether caused in whole or in part by the negligence of D&T Wellness , or otherwise.

The undersigned client, has read this form, fully understand its terms, and understand that, I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law, and I agree that if any portion of this contract is held to be invalid the balance notwithstanding, shall continue in full legal force and effect.

I also agree, that the rules provided to me by the D&T Wellness , will be followed during the course of my voluntary participation in the activities described herein. Otherwise, my privilege of participating in such activities will be revoked immediately. Each client must sign a release and waiver of liability form in order to participate in the voluntary activities described herein. I acknowledge that due to the nature of the activities described herein, D&T Wellness staff will not be able to prevent injuries from occurring during the course of such activities; therefore, I am choosing to participate in such activities at my own risk and agree to assume all risks associated therewith.

Indemnification of D&T Wellness : The undersigned client shall at all times hereafter indemnify, hold harmless and, at D&T Wellness Attorney's option, defend or pay for an attorney selected by D&T Wellness to defend D&T Wellness , its officers, agents, servants, and employees against any and all claims, losses, liabilities, and expenditures of any kind, including attorney fees, court costs, and expenses, caused by negligent act or omission of the client, other clients, D&T Wellness , its employees, agents, servants, or officers, or accruing, resulting from, or related to the undersigned client engaging in any voluntary sports activities or voluntary physical activities such as volleyball, aerobics, and any other similar types of voluntary sports or physical activities which may not be specifically identified herein, including, without limitation, any and all claims, demands, or causes of action of any nature whatsoever resulting from injuries or damages sustained by any person or property. The provisions of this section shall survive the expiration or earlier termination of this Agreement or the discharge of the client from the residential/outpatient facility operated by D&T Wellness .

Venue: This Agreement shall be interpreted and constructed in accordance with and governed by the laws of the State of California Venue for litigation concerning this Agreement shall be in County.

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Pedro Gonzalez (participant), 07/14/2024 11:52 PM
Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/14/2024 11:52 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness

Admission Orientation Checklist

Name: Pedro Gonzalez MR#: DTW2024-20 DOB: 12/11/2001

Upon admission, I have been oriented and understand the following as indicated by a checkmark next to each requirement and my signature below.

- ☒ A description of services to be provided
- ☒ Consent for treatment
- ☒ A copy of the fee schedule, financial responsibility policy, and applicable fees
- ☒ Advanced Directives used at the facility
- ☒ A copy of individual rights
- ☒ A copy of the grievance process and procedure
- ☒ Program rules
- ☒ Group Confidentiality, Confidentiality and limitations of confidentiality
- ☒ Infection control procedures
- ☒ Therapist Assignment
- ☒ Treatment Schedule
- ☒ Fire exits and emergency evacuations procedures
- ☒ Emergency Services
- ☒ Responsibilities for participation in treatment
- ☒ A summary of the facility's admission and discharge criteria

My signature confirms that I have engaged in an orientation process with D&T Wellness staff member. It further confirms that I was given the opportunity to ask questions for clarification purposes and that I understand the aspects of the program listed above.



Pedro Gonzalez (participant), 07/14/2024 11:52 PM
Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/14/2024 11:53 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness
Client Rights

All individuals who apply for services, regardless of sex, race, age, color, creed, financial status, or national origin, are assured that their lawful rights as Clients shall be guaranteed and protected. While being served, you the Client are assured and guaranteed the following rights:

- 1. To be treated with respect and dignity.
- 2. To receive timely treatment by qualified professionals.
 - a. Every effort will be made to use the least restrictive, most appropriate treatment available, based on Client needs.
 - b. Each Client shall be afforded the opportunity to participate in activities designed to enhance self-image.
 - c. An individualized treatment plan shall be developed for each Client in accordance with the provisions established for each program component.
- 3. To receive quality treatment that is best suited to his/her needs and shall include appropriate services, whether they be medical, vocational, social, educational, and/or rehabilitative services.
- 4. To express by signature an informed consent of the right to release information for communication purposes with other agencies.
- 5. To receive communication and correspondence from individuals.
- 6. To privacy for interview/counseling sessions.
- 7. To practice your religious practices.
- 8. To be provided humane care and protection from harm.
- 9. To contract and consult with legal counsel and private practitioners of your choice at your expense.
- 10. To exercise your constitutional, statutory, and civil rights.
- 11. To be free of physical restraint or seclusion.
- 12. To be informed of the nature of treatment or rehabilitation, the known effects of receiving the treatment or rehabilitation, and alternative treatment or rehabilitation programs.
- 13. To be provided with information on an ongoing basis regarding your treatment or rehabilitation.

14. To be provided services in accordance with standards of practice, appropriate to your needs, and designed to afford you a reasonable opportunity to improve your condition.

15. To confidentiality of the Client being in treatment and of the Client's records. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse Client. Federal regulations state any person who violates any provision of the law shall be fined not more than \$500.00 in the case of the first offense and not more than \$5,000.00 in the case of each subsequent offense, except where noted in the Federal Law of Confidentiality, 42 CFR, Part 2, Section 2.22, which includes the following:

- a. The limited circumstances of release of Client information include, crimes on program premises or against program personnel, medical emergencies, mandated reports of child abuse or neglect, elderly abuse, threats to harm self or others, research, audit, and evaluations, or court orders.

16. To receive full information regarding the treatment process.

17. To refuse treatment.

18. To all other constitutional and legal rights, including the right to personal clothing and effects.

19. To be informed of the Client grievance procedure upon request.

Confidentiality of Alcohol and Drug Abuse Patient Records/Limits to Confidentiality

The confidentiality of alcohol and drug abuse Client records maintained by this program are protected by Federal law and regulations. Generally, the program may not say to a person outside the program that the Client attends the program or disclose any information identifying a client as an alcohol or drug abuser unless:

1. The Client consents in writing
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel
4. The disclosure to a qualified person for research, audit, or program evaluation; or
5. The disclosure is made to protect self or others or a crime has been committed; or
6. The disclosure in the event of threats of harm to self or others (Duty To Warn).

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by the Client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about elderly abuse, suspected child abuse or neglect, threats to harm to self or others from being protected. These may be released under State law to appropriate State or local authorities beyond Federal CFR42-Regulations.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

Grievance Procedure:

1. Any person(s) who believes that their rights have been violated or has a complaint or grievance may file a complaint pursuant to the procedures set forth below, on their behalf or on the behalf of another person. All persons are encouraged to file a grievance. By filing a complaint the individual will not subject themselves to any form of adverse action, reprimand, retaliation, or otherwise negative treatment by D&T Wellness . The client shall have immediate access to the grievance form; a posting of the grievance procedure will be within the facility with the levels of appeals, and in the Patient Handbook.

2. The processing procedures for grievances and complaints are as follows:

- a. The Client is encouraged to discuss any problems with their therapist. The Client and therapist will try to find a resolution. The therapist will correspond with the Clinical Director on the grievance and/or complaint and any resolution.
- b. All grievances shall first be filed with the Clinical Director by completing a "Client Grievance" form. The Human Resources Director and/or Designee shall give the Client a receipt of the filed grievance and log the grievance. The Director will conduct an internal investigation and render an initial determination and resolution within 2 days of receipt of the complaint in writing.
- c. If the complaint is not satisfied or if the complaint is not resolved with the results achieved in Step 2, the complaint may file an appeal and/or the grievance shall be forwarded to the Executive Director and this meeting shall be held within five working days of the date it is requested.
- d. The Client shall be presented with a resolution and response to their grievance in writing.
- e. In the event that the Client does not feel a resolution has been reached they may contact the state regulatory department and the applicable client advocacy institution.

3. The Clinical Director and the Executive Director shall take steps to ensure an appropriate investigation of each complaint to determine its validity. These rules contemplate informally, but thorough, investigations affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.

4. Any allegations of physical or sexual abuse by a therapist shall immediately be brought to the attention of the Clinical Director and the police shall be notified. The Client will be afforded the opportunity to contact the Police, state Abuse Hotline, the state department of family services, and the state disability rights department where applicable. The telephone numbers of the hotlines are posted within the facility.

I, Pedro Gonzalez, hereby acknowledge receipt of and understand the "Client Rights" statement.

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Pedro Gonzalez (participant), 07/14/2024 11:53 PM
Staff present: Jennifer Rosa, Administrator



Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or
anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

Jennifer Rosa, Administrator (Staff), 07/14/2024 11:53 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness Confidentiality Policy

The following information is provided to assist you in your counseling experience at D&T Wellness .

Counseling and treatment is a personal and confidential relationship between a clinician and individual, group, or family.

We work from a team approach at D&T Wellness . Therefore, there may be times when it is necessary for us to consult with other professional staff either individually or at our clinical team meetings in an effort to provide you with the highest consideration and quality. Our clinicians are all Mastered prepared and professionally licensed, graduate student interns, or clinicians working toward certification in substance abuse counseling.

No information will be released from D&T Wellness regarding counseling or consultation sessions without your expressed written consent. If you wish for information to be released to anyone, it will be necessary for you to complete a Release of Information form, stipulating the professional to whom the information is being sent. The law stipulates that in the event of imminent danger to yourself or others, we **must** breach confidentiality. We must also act in accordance with any applicable state laws regarding mandatory disclosure of child, elder, or other abuse.

I have read the above policies and procedures and understand them.

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Pedro Gonzalez (participant), 07/14/2024 11:53 PM
Staff present: Jennifer Rosa, Administrator

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder



Jennifer Rosa, Administrator (Staff), 07/14/2024 11:53 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness

Consent for Reporting Communicable Diseases

I hereby give my permission to release to the California Public Health Department, Disease Control Division any information regarding the below:

California Statutes provide that any attending practitioner licensed in Florida to practice medicine who diagnoses or suspects the existence of a communicable disease among humans or from animals to humans shall immediately report that fact to the Department of Public Health.

The Public Health Unit serves as the department's representative in this reporting requirement.

Modifiable diseases or conditions which are to be reported **immediately** to the County Health unit are listed below:

- Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance

- Anthrax
- Amebic encephalitis
- Arboviral diseases not otherwise listed
- Botulism, foodborne, wound, and unspecified
- Brucellosis
- Chikungunya fever, locally acquired
- Cholera (*Vibrio cholerae* type O1)
- Dengue fever
- Diphtheria
- Glanders
- *Haemophilus influenzae* invasive disease in children <5 years old
- Hantavirus infection
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Herpes B virus, possible exposure
- Influenza A, novel or pandemic strains
- Influenza-associated pediatric mortality in children <18 years old
- Listeriosis
- Measles (rubeola)
- Melioidosis
- Meningococcal disease
- Neurotoxic shellfish poisoning
- Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
- Pertussis
- Plague
- Poliomyelitis
- Rabies, animal or human
- Rabies, possible exposure
- Ricin toxin poisoning
- Rubella
- Severe acute respiratory disease syndrome (SARS) associated with coronavirus infection
- Smallpox
- Staphylococcal enterotoxin B poisoning
- *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- Syphilis in pregnant women and neonates
- Tularemia
- Typhoid fever (*Salmonella* serotype Typhi)
- Typhus fever, epidemic
- Vaccinia disease
- Venezuelan equine encephalitis
- Viral hemorrhagic fevers
- Yellow fever
- Zika fever

Other: n/a

Modifiable diseases or conditions which are to be reported within **48 hours** to the County Health unit are listed below:

- Acquired immune deficiency syndrome (AIDS)
- Arsenic poisoning
- Babesiosis
- Botulism, infant
- California serogroup virus disease
- Campylobacteriosis
- Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
- Carbon monoxide poisoning
- Chancroid
- Chikungunya fever
- Chlamydia
- Ciguatera fish poisoning
- Congenital anomalies
- Conjunctivitis in neonates <14 days old
- Creutzfeldt-Jakob disease (CJD)
- Cryptosporidiosis
- Cyclosporiasis
- Eastern equine encephalitis
- Ehrlichiosis/anaplasmosis
- *Escherichia coli* infection, Shiga toxin-producing
- Giardiasis, acute

- Gonorrhea
- Granuloma inguinale
- Hansen's disease (leprosy)
- Hepatitis B, C, D, E, and G
- Hepatitis B surface antigen in pregnant women and children <2 years old
- Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- Human immunodeficiency virus (HIV) infection
- HIV-exposed infants <18 months old born to an HIV-infected woman
- Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
- Lead poisoning (blood lead level ≥5 µg/dL)
- Legionellosis
- Leptospirosis
- Lyme disease

- Lymphogranuloma venereum (LGV)
- Malaria
- Meningitis, bacterial or mycotic
- Mercury poisoning
- Mumps
- Neonatal abstinence syndrome (NAS)
- Pesticide-related illness and injury, acute
- Psittacosis (ornithosis)
- Q Fever
- Rocky Mountain spotted fever and other spotted fever rickettsioses
- St. Louis encephalitis
- Salmonellosis
- Saxitoxin poisoning (paralytic shellfish poisoning)
- Shigellosis
- *Streptococcus pneumoniae* invasive disease in children <6 years old
- Syphilis
- Tetanus
- Trichinellosis (trichinosis)
- Tuberculosis (TB)
- Varicella (chickenpox)
- Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- West Nile virus disease

Other: n/a

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Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

Pedro Gonzalez (participant), 07/14/2024 11:53 PM
Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/14/2024 11:54 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US &
Canada)

D&T Wellness
Consent for Treatment

I authorize D&T Wellness to perform all clinical services deemed necessary in the evaluation of program/client appropriateness.

I have been advised and understand that D&T Wellness adheres to all Federal Laws of confidentiality and any suspected violations of the law must and will be reported.

I give my consent for the duration of my treatment and 90 days after discharge for D&T Wellness to release information regarding my progress and location in treatment to Referring Agencies, Probation, and Officers of the Court for the purpose of assuring my compliance with an order for treatment (if requested).

I agree to submit a urine/take an alcohol test, if requested, for drug testing. I understand that failure to do so could result in negative termination. Urine/alcohol results may be utilized as treatment interventions or may be completed as determined by external requirements.

I understand that I am responsible for all fees for the duration of my program.

I understand that if I fail to follow any communicable-disease-related referrals, D&T Wellness will need to report such to the County Health Department.

In case of a severe medical emergency, I have listed an emergency medical contact on a release form and do authorize D&T Wellness to contact that party should such an emergency occur.

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pg

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

Pedro Gonzalez (participant), 07/14/2024 11:54 PM
Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/14/2024 11:54 PM

This form expires on 07/14/2025 11:54 PM.

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness
Drug and Alcohol Use Policy

I, Pedro Gonzalez hereby agree to participate fully in all aspects of my treatment while at D&T Wellness .

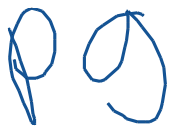
I understand that while I am in treatment at D&T Wellness , I am expected to:

Please initial the following statements:

- PG I understand that if I am prescribed any medication by any provider, I am expected to inform my attending clinician immediately.
- PG Abstain from the use of all illegal/non-prescribed substances and alcohol.
- PG I understand that frequent and random urinalysis and random breathalyzers are part of substance abuse treatment.
- PG I agree to provide a urine sample and/or breathalyzer upon request.
- PG I understand the refusal to provide a urinalysis or a breathalyzer when requested will be considered positive and may lead to discharge from the program.
- PG I understand that absolutely no alcohol, drugs, or drug paraphernalia is permitted on the premises. I understand that anyone suspected of being under the influence of drugs or alcohol or who possesses any illicit drugs or alcohol may be required to leave the program immediately.
- PG I understand that I cannot wear any clothing that glorifies or endorses the use of alcohol or drugs.

The above conditions have been explained to me and I fully understand my obligations while in treatment at D&T Wellness and agree to abide by the conditions stated above.

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Pedro Gonzalez (participant), 07/14/2024 11:55 PM
Staff present: Jennifer Rosa, Administrator

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder



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Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

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Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness
Group Confidentiality

To reinforce the feelings of closeness and willingness to share with others your feelings, thoughts, and consequences of your dependency, confidentiality is a must in group therapy. Use this as your golden rule: **What is said in Group, stays in Group**
To break this rule violates the trust of the total group and the effectiveness of group therapy is lost.

The following guidelines will help you maintain this rule:

1. Group issues are not discussed with others outside your group.
2. Do not discuss group issues with your roommate unless he/she is in your group.
3. Do not discuss at any outside meetings or places where others may overhear you.

Your group therapists have the same responsibilities for group confidentiality as you, with the exception that your therapists share group issues and your participation in the group process with other staff members. This is a vital part of the staff team's approach to assist you in your recovery.

The staff values your confidentiality so highly that anyone who breaks confidentiality - whether to another patient of D&T Wellness or to family, significant others, etc., may be subject to discharge from this program.

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Pedro Gonzalez (participant), 07/14/2024 11:55 PM
Staff present: Jennifer Rosa, Administrator



Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

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Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness

Liability Waiver for Gym, Pool, and Sporting Events

The undersigned and the undersigned's heirs, executors, and administrators hereby waive and forever release and discharge D&T Wellness , its owners, staff, and sponsors of and from any and all claims, suits, or rights for damages for personal property damage and/or physical injury which may be sustained or which occurs during participation in physical and/or recreational activities at either the gym or the pool utilized by or at D&T Wellness that may occur to or from the physical and/or recreational activity, whether or not such injury or property damage or loss is caused by, is connected to, or arises out of any acts or omissions or the negligence of D&T Wellness , its owners, staff, and sponsors.

According to Federal Regulations for Client Confidentiality and Protected Health Information, I agree not to disclose to any and all persons while at the gym that I am a client of D&T Wellness , about my own or others' purpose for being at and/or participating in any and all activities.

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Pedro Gonzalez (participant), 07/14/2024 11:55 PM
Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/14/2024 11:56 PM

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Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the

purpose of payment or our operations with your health insurer.

- We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: October 11, 2013

This Notice of Privacy Practices applies to the following organizations.

D&T Wellness

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PG

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

✓

Pedro Gonzalez (participant), 07/14/2024 11:56 PM
Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/14/2024 11:56 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness

Program Rules

1. The use of alcohol or other drugs is grounds for immediate discharge from the program.
2. Possession of weapons, sharp objects, acts of violence, or threats of violence are grounds for immediate discharge.
3. Smoking, vaping, or the use of smokeless tobacco products are allowed in designated outside areas only.
4. All Clients must sign out and in whenever they leave or return, as well as their destination.
5. Clients must attend all treatment activities unless excused by staff.
6. If you drive your car to the facility, keys must be turned into and kept by staff at all times. The use of your vehicle is by staff permission only.
7. Negative contracts involving major rule violations not reported to staff will result in consequences or discharge.
8. Clients will respect the personal property of other Clients and staff. Clients will not borrow the property of others.
9. Clients are responsible for their behavior and are expected to communicate, cooperate, and show respect to other Clients and staff.
10. Failure to abide by the rules may result in the restriction of privileges. In more serious cases, repeated violations, or disregard for program rules will result in an administrative discharge.
11. Being on time for all scheduled activities is required.
12. All treatment assignments are to be completed in a timely manner.
13. All assigned work responsibilities must be completed.
14. When you do not know what to do, do not assume.....ask the staff.
15. No profanity or verbal abuse of staff or other Clients is allowed.
16. Gambling is not permitted.
17. Logos on clothing that are explicit, gang, or drug-related are not permitted.
18. No tank tops, halter-tops, backless or low-cut clothing. No short shorts or other tight clothing is permitted.
19. Undergarments must be worn at all times.
20. No cameras, tape recorders, or other recording devices are permitted.
21. No material other than recovery related material.
22. Knowledge and awareness of all rules are expected.
23. All passes and clinical visits must be approved by the clinical staff and the Clinical Director.
24. All pass requests must be turned in weekly to the designated staff member each week.
25. No perfumes or any glass bottles are permitted.
26. No straight edge razors are permitted, electric razors are permitted.

27. No alcohol-based hand sanitizers are permitted.
28. No stuffed animals are permitted.
29. No safety pins or knives are permitted.
30. No mouthwash with alcohol is permitted.
31. I understand that if I am suspected of using alcohol/drugs, I will be asked to undergo a blood and/or urine test. If the results are positive, I may be asked to leave the program with an appropriate referral.
32. I am aware that regular attendance is a requirement of the program; I understand that breaking this rule can result in discharge from the program.
33. I understand that information discussed in groups is confidential and should not be discussed outside of the program.

Behavior that undermines treatment rules and expectations will not be tolerated. Violation of these rules will result in consequences and may result in dismissal from the program. Illegal activity is subject to criminal prosecution.

D&T Wellness rules have been explained to me so that I understand them and I have received a copy of these rules.

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Pedro Gonzalez (participant), 07/14/2024 11:56 PM
Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/14/2024 11:56 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness

Uses and Disclosure of Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

This notice is effective as of April 15, 2003

USES AND DISCLOSURE OF HEALTH INFORMATION

D&T Wellness is committed to protecting the privacy of the personal and health information we collect or create as part of providing health care services to our clients, known as "Protected Health Information" or "PHI". PHI typically includes your name, address, date of birth, billing arrangements, care, and other information that relates to your health, health care provided to you, or payment for the health care provided to you. PHI DOES NOT include information that is de-identified or cannot be linked to you.

This notice of Health Information Privacy Practices (the "Notice") describes D&T Wellness 's duties with respect to the privacy of PHI, D&T Wellness 's use of and disclosure of PHI, client rights, and contact information for comments, questions, and complaints.

D&T Wellness 'S PRIVACY PROCEDURES AND LEGAL OBLIGATIONS

D&T Wellness obtains most of its PHI directly from you, through care applications, assessments, and direct questions. We may collect additional personal information depending upon the nature of your needs and consent to make additional referrals and inquiries. We may also obtain PHI from community health care agencies, other governmental agencies, or health care providers as we set up your service arrangements.

D&T Wellness is required by law to provide you with this notice and to abide by the terms of the Notice currently in effect. D&T Wellness reserves the right to amend this Notice at any time to reflect changes in our privacy practices. Any such changes will

be applicable to and effective for all PHI that we maintain including PHI we created or received prior to the effective date of the revised notice. Any revised notice will be mailed to you or provided upon request.

D&T Wellness is required by law to maintain the privacy of PHI. D&T Wellness will comply with federal law and will comply with any state law that further limits or restricts the uses and disclosures discussed below. In order to comply with these state and federal laws, D&T Wellness has adopted policies and procedures that require its employees to obtain, maintain, use and disclose PHI in a manner that protects client privacy.

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Except as outlined below, D&T Wellness will not use or disclose your PHI without your written authorization. The authorization form is available from D&T Wellness (at the address and phone number below). You have the right to revoke your authorization at any time, except to the extent that D&T Wellness has taken action in reliance on the authorization.

The law permits D&T Wellness to use and disclose your PHI for the following reasons without your authorization:

For Your Treatment: We may use or disclose your PHI to physicians, psychologists, nurses and other authorized healthcare professionals who need your PHI in order to conduct an examination, prescribe medication, or otherwise provide health care services to you.

To Obtain Payment: We may use or disclose your PHI to insurance companies, government agencies, or health plans to assist us in getting paid for our services. For example, we may release information such as dates of treatment to an insurance company in order to obtain payment.

For Our Health Care Operations: We may use or disclose your PHI in the course of activities necessary to support our health care operations such as performing quality checks on your employee services. We may also disclose PHI to other persons not in D&T Wellness 's workforce or to companies who help us perform our health services (referred to as "Business Associates") we require these business associates to appropriately protect the privacy of your information.

As Permitted or Required By The Law: In some cases, we are required by law to disclose PHI. Such as disclosers may be required by statute, regulation court order, government agency, we reasonably believe an individual to be a victim of abuse, neglect, or domestic violence: for judicial and administrative proceedings and enforcement purposes.

For Public Health Activities: We may disclose your PHI for public health purposes such as reporting communicable disease results to public health departments as required by law or when required for law enforcement purposes.

For Health Oversight Activities: We may disclose your PHI in connection with governmental oversight, such as for licensure,

auditing, and the administration of government benefits.

To Avert Serious Threat to Health and Safety: We may disclose PHI if we believe in good faith that doing so will prevent or lessen a serious or imminent threat to the health and safety of a person or the public.

Disclosures of Health-Related Benefits or Services: Sometimes we may want to contact you regarding service reminders, health-related products or services that may be of interest to you, such as health care providers or settings of care or to tell you about other health-related products or services offered at D&T Wellness . You have the right not to accept such information.

Incidental Uses and Disclosures: Incidental uses and disclosures of PHI are those that cannot be reasonably prevented are limited in nature and that occur as a by-product of a permitted use or disclosure. Such incidental uses and disclosures are permitted as long as D&T Wellness use reasonable safeguards and use or disclose only the minimum amount of PHI necessary.

To Personal Representatives: We may disclose PHI to a person designated by you to act on your behalf and make decisions about your care in accordance with state law. We will act according to your written instructions in your chart and our ability to verify the identity of anyone claiming to be your personal representative.

To Family and Friends: We may disclose PHI to persons that you indicate are involved in your care or the payment of care. These disclosures may occur when you are not present, as long as you agree and do not express an objection. These disclosures may also occur if you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest. We may also disclose limited PHI to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other person that may be involved in caring for you. You have the right to limit or stop these disclosures.

YOUR RIGHTS CONCERNING PRIVACY

Access to Certain Records: You have the right to inspect and copy your PHI in a designated record set except where State law may prohibit client access. A designated record set contains medical and billing and case management information. If we do not have your PHI recordset but know who does, we will inform you how to get it. If our PHI is a copy of the information maintained by another health care provider, we may direct you to request the PHI from them. If D&T Wellness produces copies for you, we may charge you up to \$1.00 per page up to a maximum fee of \$50.00. Should we deny your request for access to the information contained in your designated record set, you have the right to ask for the denial to be reviewed by another healthcare professional designated by D&T Wellness .

Amendments to Certain Records: You have the right to request certain amendments to your PHI if, for example, you believe a mistake has been made or a vital piece of information is missing. D&T Wellness is not required to make the requested amendments and will inform you in writing of our response to your request.

Accounting of Disclosures: You have the right to receive an accounting of disclosures of your PHI that were made by D&T Wellness for a period of six (6) years prior to the date of your written request. This accounting does not include for purposes of treatment, payment, health care operations, or certain other excluded purposes, but includes other types of disclosures, including disclosures for public health purposes or in response to a subpoena or court order.

Restrictions: You have the right to request that we agree to restrictions on certain uses and disclosures of your PHI, but we are not required to agree to your request. You cannot place limits on uses and disclosures that we are legally required or allowed to make.

Revoke Authorizations: You have the right to revoke any authorizations you have provided, except to the extent that D&T Wellness has already relied upon the prior authorization.

Delivery by Alternate Means or Alternate Address: You have the right to request that we send your PHI by alternate means or to an alternate address.

Complaints & How to contact us: If you believe your privacy rights have been violated, you have the right to file a complaint by contacting D&T Wellness at the address and/or phone number indicated below. You also have the right to file a complaint with the Secretary of the United States Department of Health and Human Services in Washington, D.C. D&T Wellness will not retaliate against you for filing a complaint.

If you believe your privacy rights have been violated, you may make a complaint by contacting [REDACTED], HIPAA Privacy Officer at () - or the Secretary for the Department of Health and Human Services. No individual will be retaliated against for filing a complaint.

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll-Free: 1-877-696-6775

RESTRICTION REQUEST:

I request a restriction on the Use or Disclosure of my following information:

n/a

CLIENT TO BE GIVEN A COPY ALONG WITH A COPY TO FILED IN CLIENT CHART

I acknowledge that I have received a copy of this notice regarding the use and disclosure of my health information.



Pedro Gonzalez (participant), 07/14/2024 11:57 PM
Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/14/2024 11:57 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness Safety Contract

I, Pedro Gonzalez, understand and agree to comply with the following recommendations. I understand that this contract has been created for my safety and well-being. By signing this contract, I agree to the following:

- I will take my medication as prescribed.
- I will inform an appropriate professional to call 911 (or transport me to the hospital) if I am in crisis.
- I will go to an appropriate professional to discuss any dangerous thoughts or feelings; such as suicidal ideations or thoughts of self-harm.
- At this time, I do not have any suicidal or homicidal thoughts or plans and my safety needs are being met.
- I am committed to leading a healthy lifestyle and recognize that I am a valuable and worthwhile person.
- I am committing myself to honor this contract for the remainder of my time in this program.
- I understand that my emergency contact will be called in the event that I need to be safely transitioned to a facility that is more appropriate to handle my mental health needs.

I understand that if I do not comply with these requirements, I will be referred to a facility that will appropriately meet my mental health needs.

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Pedro Gonzalez (participant), 07/14/2024 11:57 PM

Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/14/2024 11:57 PM

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Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness
Transportation Release and Waiver of Liability

Notice: This form contains a release and waiver of liability and when signed is a contract between the undersigned Client and D&T Wellness with legal consequences. Please read this agreement in its entirety carefully before signing your name. This form must be signed in the presence of a witness who will sign as a witness.

Client’s Information:

Activities: This includes, but is not limited to Transportation to the facility from the Client's residence, from the facility to the Client's residence, medication pick-up, and transportation to the nearest mental health Receiving Facility.

Date of execution of Release and Waiver of Liability:n/a. The undersigned agrees that this Release and Waiver of Liability Agreement is valid from the date of execution through the date of discharge from D&T Wellness .

Name of Facility: D&T Wellness

Client’s Full Name: Pedro Gonzalez

Parent/Guardian’s Full Name: n/a

Client/Parent/Guardian Phone Number: n/a

Name and telephone number of emergency contact: n/a

Acknowledgments and Representations by Client:

The undersigned Client, Pedro Gonzalez, is currently a client at the Partial Hospitalization or Intensive Outpatient Program operated by D&T Wellness . This Client will be participating in the Transportation Services provided by D&T Wellness . This includes, but is not limited to Transportation to the facility from the Client's residence, from the facility to the Client's residence, medication pick-up, emergency medical care, and transportation to the nearest mental health Receiving Facility.

The undersigned client, Pedro Gonzalez (or parent/guardian of the individual named herein), does knowingly, freely, and voluntarily assume all liability for any and all damage or injury that may occur as a result of his/her (or his/her dependent's/ward's) participation in the activities described herein and agrees to **release, waive, discharge, and covenant not to bring suit against D&T Wellness**, its officers, agents, employees, and volunteers from/for any and all liability or claims that may be sustained by me or by a third party, directly or indirectly, in connection with or arising out of his/her (or his/her dependent's/ward's) participation in the activities described herein, **whether caused in whole or in part by the negligence of D&T Wellness or otherwise.**

The undersigned Client, Pedro Gonzalez, (or parent/guardian of the individual named herein), has read the form, fully understands its terms, and understand that he/she (or his/her dependent/ward) has given up substantial rights by signing it and has signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that if any portion of this contract is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

Indemnification of D&T Wellness: The undersigned Client (or his/her parent/guardian) shall at all times hereafter indemnify, hold harmless and, at D&T Wellness 's Attorney's option, defend or pay for an attorney selected by the Board to defend D&T Wellness , its officers, agents, servants, and employees against any and all claims, losses, liabilities, and expenditures of any kind, including attorney fees, court costs, and expenses, caused by negligent act or omission of the Client, other clients, D&T Wellness , its employees, agents, servants, or officers, or accruing, resulting from, or related to the undersigned Client in the following situations including, but not limited to, Transportation to the facility from the Client's residence, from the facility to the Client's residence, medication pick-up, medical emergency, and transportation to the nearest mental health Receiving Facility, including, without limitation, any and all claims, demands, or causes of action of any nature whatsoever resulting from injuries or damages sustained by any person or property. The provisions of this section shall survive the expiration or earlier termination of this agreement or the discharge of the client from D&T Wellness .

Venue: This Agreement shall be interpreted and constructed in accordance with and governed by the laws of the State of n/a . Venue for litigation concerning this agreement shall be in County.

I, Pedro Gonzalez, have read and fully understand the contents herein.

Executed this n/a.

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Pedro Gonzalez (participant), 07/14/2024 11:58 PM

Staff present: Jennifer Rosa, Administrator

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder



Jennifer Rosa, Administrator (Staff), 07/14/2024 11:58 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness
Universal Precautions for HIV

Universal Precautions refer to the usual and ordinary steps we need to take in order to reduce the risk of infection with HIV, the virus that causes AIDS. These measures are intended to prevent transmission of HIV.

The prevention of the transmission of HIV is based on the avoidance of skin and mucous membrane contact with blood and body fluids.

Protecting yourself from HIV

- Avoid risky behavior
- Protect yourself from sharp injuries
- Wear gloves when in contact with body fluids, if possible
- Wear mask and eye protection when splash injuries are possible
- Call on trained individuals to clean up blood spills

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Pedro Gonzalez (participant), 07/14/2024 11:58 PM
Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/14/2024 11:58 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness

Universal Precautions for Infection Control

Universal Precautions refer to the usual and ordinary steps you need to take in order to reduce the risk of infectious diseases such as HIV or Hepatitis C.

The prevention of transmission of infectious diseases is based on the avoidance of skin and mucous membrane contact with blood and other body fluids.

AVOID UNNECESSARY RISKS

- If a fellow patient or client needs assistance, please call a staff member immediately.
- When avoidable, don't expose yourself to another person's blood or body fluids.
- Never share needles, razors, or any other *personal* sharp objects.
- Always call on trained individuals to clean up blood or other body fluid spills.

PROTECT YOURSELF

- Use barrier protection to prevent skin and mucous membrane contact with blood and other body fluids.
- Wear face protection if blood or body fluid droplets may be generated during a procedure.
- Wear protective clothing if blood or body fluids may be splashed during a procedure.
- Wash hands and skin immediately and thoroughly if contaminated with blood or body fluids.
- Wash hands immediately after gloves are removed.
- Use care when handling sharp instruments and needles. Place used sharps in labeled, puncture-resistant containers.
- If you have sustained an exposure or puncture wound, immediately flush the exposed area and notify a staff member.

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Pedro Gonzalez (participant), 07/14/2024 11:58 PM
Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/14/2024 11:58 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness

Assignment of Benefits / Release of Medical Information

I hereby authorize and request that payment of benefits by my Insurance Company(s), Blue Cross Blue Shield of Oklahoma, be made directly to D&T Wellness for services furnished to me or my dependent. I understand that my Insurance Company may only cover a portion of the total bill. I further understand that I may be responsible for all charges not covered by this assignment.

In addition, I authorize D&T Wellness to disclose any and all written information from the above named to my above named Insurance Company and/or its designated representatives, or other financially responsible parties; at the determination of D&T Wellness. Such disclosure shall be for reimbursement purposes for those services received.

I hereby release D&T Wellness and its officers, agents, employees, and any clinician associated with my case from all liability that may arise as a result of the disclosure of information to the above named Insurance Company(s) or their designated representatives.

By signing this Assignment of Benefits and Release of Information, I acknowledge:

- I am aware and understand that this authorization will not be used unless the above-named Insurance Company(s) or their designated representatives request records of information for reimbursement purposes, or seek to take action for the referred payment for treatment services.
- I agree to participate and assist D&T Wellness or its designated representatives with any appeal process necessary to collect payment for the services rendered.
- I am aware and have been advised of the provisions of Federal and State Statutes, rules, and regulations that provide for my right to the confidentiality of these records.
- I understand that this assignment and authorization is subject to revocation at any time except to the extent that action has been taken in reliance thereon. In any event, this authorization will expire once reimbursement for services rendered is complete.
- D&T Wellness is acting in filing for insurance benefits assigned to D&T Wellness and it can assume no responsibility for guaranteeing payment of any charges from the Insurance Company(s).
- Billing may be done by a firm contracted by D&T Wellness for billing and collection purposes.
- D&T Wellness is appointed by me to act as my representative and on my behalf in any proceeding that may be necessary to seek payment from my insurance carrier.
- Should an overpayment take place, a refund check will be mailed to the authorized party that is due the overpayment.
- D&T Wellness shall be entitled to the full amount of its charges without offset.

I acknowledge receipt of a completed and signed copy of this assignment and release form:

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Pedro Gonzalez (participant), 07/15/2024 12:00 AM
Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/15/2024 12:09 AM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

D&T Wellness

Coordination of Benefits and Pre-existing Conditions

Date of Admission: 07/12/2024

This will confirm that upon admission to D&T Wellness , I, Pedro Gonzalez:

- ☐ Have been employed for the past eighteen months and do not have Cobra coverage;
- ☐ Am presently unemployed, but did not work within the past eighteen months for the company identified below, but do not have Cobra coverage;
- ☐ Am presently employed with n/a (employer), but DO NOT have any hospital/medical/health insurance coverage;
- ☐ The only benefits available to me during my stay at D&T Wellness is from n/a , (Name of Insurance);
- ☐ I have never been treated for this condition prior to my admission to D&T Wellness ;
- ☐ Enrolled as a dependent of n/a , who is my n/a (Relationship).

IN WITNESS WHEREOF I have here executed this agreement as dated below.

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Pedro Gonzalez (participant), 07/15/2024 12:35 AM
Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/15/2024 12:35 AM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Initial Psychiatric Evaluation 07/26/2024 08:56 AM

Start and End Time:	Start time	End time
	07/26/2024	
	08:56 AM	

I. Identifying Information:

Admit Date/Time: 05/23/2024 12:21 PM

Admission Type: Voluntary ☐ Involuntary ☐

Marital Status: Single

Allergies/Drug Reactions:

No Known Allergies/NKA

Current Medications:

Medications below include all current active orders logged via Doctor's Orders. These may include medications self-reported by the patient that were logged, medication orders entered at the facility, and medications brought to the facility by the patient ordered to be continued upon admission. If the patient is not being treated in a residential/inpatient setting, this list may not be inclusive of all medications taken by the patient outside of the facility.

Current as of 07/26/2024 08:56 AM:

II. Chief Complaint:

III. History of Present Illness:

(Include a history of present illness, including onset, precipitating factors and reason for the current admission, signs and symptoms, course, and the results of any treatment received.)

IV. Past Psychiatric & Substance Treatment History:

V. Pertinent Past Psychiatric History: (check all that apply)

VI. Background & Social History:

(Include family, educational, vocational,occupational and social history)

VII. Medical/Surgical History:

VIII. Seizure History:

IX. Head/Trauma History:

X. Trauma/Abuse History:

XI. Psychosocial/Development/Family History Overview:

XII. Previous History Suicidal/Homicidal Ideation/Plan:

XIII. Current Suicidal/Homicidal Ideation/Plan:

XIV. Mental Status Exam:

(Check All Symptoms Present)

A. Appearance:

B. Speech:

C. Behavior:

D. Attitude:

E. Mood:

F. Affect:

G. Self and/or Others Aggressive/Destructive Thoughts and Behaviors:

Suicidal Ideation:

Homicidal Ideation:

Self Destructive Behaviors:

H. Thought Process:

I. Thought Content:

J. Vegetative Signs:

XV. Cognitive Assessment:

A. Orientation:

B. Last Five Presidents.
Able to Recall:

C. Learn Three Objects
*(e.g. 3 feathers, 11
envelopes, 29th Avenue):*

D. Digit Span *(e.g. 9 6 4 6 1 7)*

Number forward Correctly

Number backward Correctly

:

E. Repeat Three Objects
(See “C”):

F. Intelligence Estimate:

G. Memory:

1. Immediate Recall:

2. Short Term:

3. Long Term:

4. Concentration:

5. Attention:

H. Impulse Control:

I. Introspection:

J. Judgement:

XVI. Strengths & Assets: *(check all that apply)*

XVII. Liabilities/Barriers to Recovery:

XVIII. Diagnostic Impressions/Diagnosis:

DSM 5 Diagnosis:

Diagnoses

F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

Medical Conditions:

Psychosocial
Stressors:

Need for Suicide
Precautions:

XIX. The patient has been fully informed by the psychiatrist about the possible risks and probable benefits of their treatment. The patient has expressed to the psychiatrist an understanding of the explanations that were provided by the psychiatrist.

XX. Justification for Detox, Intensive Inpatient, Residential Treatment or PHP Treatment:

XXI. Treatment Recommendations:

XXII. Psychopharmacologic Interventions:

Risks, benefits, side effects, and dosage schedule explained to patient:

Client verbalized understanding of teaching:

Follow-up:

On this examination, the patient demonstrated signs suggestive of Tardive Dyskinesia. The potential risks and long term consequences of this disorder, and treatment alternatives, were discussed and understood by the patient/guardian.

XXIII. Physician Certification of Need for Admission:

As a physician duly licensed to practice medicine, I hereby certify that treatment is medically necessary. I certify that treatment could not be effectively provided at a lesser intensive level of care and that the patient is able to participate in all aspects of the treatment program. All treatment services will be provided to the patient under my direction and under a written plan of care. Having completed this Physician Initial Certification of Need for Admission, I do authorize and order the patient's admission.

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Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US &
Canada)

Step Into Recovery Centers INC

HIV/AIDS/TB/STD Informational Fact Sheet (Pre-Test Counseling)

Here are some facts about HIV/AIDS/TB/STDs. Please read carefully. Your counselor will review the information with you and answer any questions or clarify any areas that may not be clear. This handout is yours to take with you. You may wish to share this information with your sexual partner or other significant individuals.

WHAT IS IT?

AIDS (Acquired Immune Deficiency Syndrome) is a disease caused by a virus called HIV (Human Immunodeficiency Virus).

- When a person is infected with HIV, the virus infects and can kill certain cells in the immune system called T- helper cells. This weakens the immune system so that other opportunistic infections can occur. The HIV-infected person is said to have AIDS when they become sick with other specific infections or when the number of T-helper cells has dropped below 200.
- There is no cure for HIV. Although people do not die from HIV, most people who become infected with HIV will eventually develop AIDS. You can have HIV for several years without showing any signs. That means you can have HIV and not even know it. You can also spread HIV during that time to other people. As of 1996, about half of everybody that got HIV would develop AIDS within ten years. Now, with the help of new drug treatments, the time between infection of HIV and the time it takes to develop AIDS can be even longer.

WHO CAN GET HIV/AIDS?

People of any sex, age, and race can get HIV/AIDS. As a matter of fact, it is the ninth leading cause of death among people between the ages of 15-19 and the fifth leading cause of death between the ages of 20-24. HIV/AIDS is the leading cause of death for both black males and females between the age of 25-44. Florida has the third-highest rate of AIDS cases in the country, with estimates as high as 1 in 50 people.

PEOPLE WITH THE HIGHEST RISK OF AIDS AND HIV INFECTIONS ARE:

- People who share needles
- Men who have sex with other men
- Babies born to mothers who have HIV infections
- People who receive blood transfusions or blood products before 1985

- Anyone who has sex with anyone who has or is at risk for AIDS or HIV infection

HOW IS HIV SPREAD?

HIV is spread through bodily fluids like blood, pus, semen, menstrual blood, vaginal secretions, and breast milk. If your blood comes into contact with any body fluids of an infected person, you may become infected with HIV. You may expose yourself to HIV if you do any of the following with a person who has HIV.

- Have unprotected sex (sex without a condom)

You can get HIV from oral, anal, or vaginal sex, or from sharing sex toys with a person who is infected.

- Share a needle or a syringe with someone who is infected.

This could be sharing a needle to inject drugs, to make tattoos, or to pierce your ear.

- Get infected blood into an open cut or mucous membrane.

This is rare and usually occurs with healthcare workers when it does happen.

- From a mother to a baby.

This can occur before, during birth, or by breast-feeding.

SYMPTOMS

Certain symptoms and conditions may be associated with HIV/AIDS

These symptoms and conditions may include: fever, weight loss, swollen lymph glands in the neck, underarms, or groin, white patches in the mouth (thrush), certain cancers (Kaposi's sarcoma, certain lymphomas, certain invasive cervical cancers), and infections (Pneumocystis pneumonia, certain types of meningitis, toxoplasmosis, certain blood infections, TB, etc...)

TESTING

A blood test may tell if you have HIV infection or AIDS.

You can get an HIV blood test at your doctor's office or at Counseling and Testing Sites throughout Florida. Getting tested is easier than ever and can be done confidentially or anonymously which means no one else will even know your name. They may take a blood sample OR they may simply take a sample of your saliva with a swab. Test results take about 2 weeks to come back and then you can find out the results. Knowing can give you peace of mind and protect other people that are important to you.

Remember, anyone can get HIV/AIDS. Take care of yourself. Protect yourself.

WHAT DOES THE TEST MEAN?

This test detects antibodies to HIV, not the virus itself. Antibodies are the body's reaction to the virus.

A **POSITIVE** test means that a person is infected with HIV and can pass it to others. By itself, a positive test does not mean that a person has AIDS, which is the most advanced stage of HIV infection.

A **NEGATIVE** test means that antibodies to HIV were not detected. This usually means that the person is not infected with HIV. In some cases, however, the infection may have happened too recently for the test to turn positive. The Blood test usually turns positive within 1 month after infection and in almost all cases within 3 months. Therefore, if you were infected very recently, a negative test result could be wrong.

FALSE RESULTS (a negative test in someone who is infected, or a positive test in someone who is not infected) are rare. Indeterminate results (when it is unclear whether the test is positive or negative) also are rare. When a test result does not seem to make sense, a repeat test or special confirmatory tests may help to determine whether a person is or is not infected.

BENEFITS OF BEING TESTED- There are substantial benefits to being tested. Most infected persons may benefit from medications that delay or prevent AIDS and other serious infections. Test results also can help people make choices about contraception or pregnancy. Therefore, all infected persons should have a complete medical checkup, including tests of the immune system; to help their health care providers recommend the best health care. There are other reasons to be tested. Even though everyone should follow safer sex guidelines whether or not they are infected with HIV, many persons find that knowing their test results helps them to protect their partners and themselves. Some persons want to know their test results before beginning a new sexual relationship or becoming pregnant. Others will be reassured by learning that they are not infected.

RISKS AND DISADVANTAGES of BEING TESTED- Many persons with positive or indeterminate test results will experience stress, anxiety, or depression. Some persons with negative tests may continue or increase unsafe behaviors, which would increase the risk of HIV infection. Some persons are afraid that their test results will get into the wrong hands, and that discrimination might result. For these reasons, you should consider your social supports (such as family and friends) and your insurance needs before you are tested.

HOW DO I PROTECT MYSELF?

The best way to protect yourself is to abstain from sex and do not inject drugs.

Here are some ways of limiting your risk of becoming infected with HIV:

- Practice safer sex -(Remember THERE IS NO RISK-FREE SEX!)
 - Have sex with one uninfected partner who only has sex with you.
 - ALWAYS use a barrier for protection.
 - A condom is the most protective prevention strategy. A condom will NOT GUARANTEE that you will not be exposed to HIV but aside from not having sex at all, a condom is your best defense. Be sure to use a condom for oral sex too!
- Use a water-based lubricant such as KY Jelly, Astroglide, or Wet. Don't use an oil-based lubricant (Vaseline, Crisco,

chocolate syrup, etc.). Oil-based lubricants will cause the condom to break down making holes in the condom that HIV can get through.

- Don't use 2 condoms at the same time.
 - Use latex gloves for hand sex and never use these more than once. When you are done with them throw them in the trash.
 - Don't share needles, razors, or toothbrushes. Something to think about:

When you have sex with someone, you could be exposing yourself to everyone that person has had sex with for at least the past 10 years and everyone those people have had sex with as well.

Don't use drugs (especially drugs you have to inject)

- Using drugs weakens your immune system and makes your body less able to protect itself from becoming infected with HIV.
 - Using drugs can affect your ability to make good decisions and you might be more likely to get yourself involved in behavior that will put you at risk.
 - If you decide to still use despite these dangers, do not share needles. If you aren't sure if the needles you are using are safe and you decide to use anyway, washing your paraphernalia (works) in a solution of bleach and then rinse it with water very well 3 times MAY help reduce your chances of contracting HIV. You may want to consider getting treatment for your drug use.

When cleaning up blood or other bodily fluids:

- Practices called Universal Precaution and Standard Precautions, such as the use of:
 - Wearing gowns gloves and goggles and always wash your hands thoroughly after contact.
 - Always disinfect any areas that may have had blood or other bodily fluids on them thoroughly.

WHAT IF I'M PREGNANT? If you are pregnant see a doctor. If you have HIV, you can pass it on to your baby before birth, during birth, or through breastfeeding. But there are medications that can make the chances you will infect your baby much smaller. Talk to a doctor and get tested for HIV as soon as possible if you think you are pregnant or if you want to get pregnant.

WAYS I WON'T GET HIV:

- Shaking hands.
- Eating in a restaurant.
- Using restrooms.
- Donating blood.
- Being bitten by a mosquito or other bug.
- Dry kissing.
- Casual contact like living in the same household, or working with a person who carries HIV. Unless you are exposed to body fluids, you are not at risk for HIV infection.

- In 2003, 6,654 HIV cases were reported in Florida.
- Males account for 64% of the cumulative reported HIV cases, and females account for 36%. The male-to female ratio is 1.8:1.
 - Of the cumulative number of HIV cases, 55% are among blacks, 28% are among whites, and 17% are among Hispanics.
 - In 2003, there were 301,461 HIV tests performed by county public health departments, with 2.2% of the tests being positive.
 - Approximately 100,000 persons, or roughly 11% of the national total, are currently living with infection in Florida.

Tuberculosis

Tuberculosis (TB) is a disease caused by a bacterium called *Mycobacterium Tuberculosis-Tuberculosis* (TB) is a disease that is spread from person to person through the air. TB usually affects the lungs. The bacteria is put into the air when a person with TB of the lung coughs, sneezes, laughs, or sings. TB can also affect other parts of the body, such as the brain, the kidney, or the spine. Tuberculosis is a disease that can be cured if treated properly.

TB can affect anyone of any age-Anyone can get TB, but some people are at higher risk. Those at higher risk include:

- Infants and small children
- People who share the same breathing space (such as family members, friends, coworkers) with someone who has TB disease
- People with low income who live in crowded conditions, have poor nutrition and have poor health care
- Homeless people
 - People born in countries where a lot of people have TB
 - Nursing home residents
 - Prisoners
 - Alcoholics and injection drug users
 - People with medical conditions such as diabetes, kidney failure, and those with weakened immune systems (such as HIV or AIDS)

The symptoms of TB disease may include:

Feeling weak or sick, rapid weight loss (over a few weeks or months), fever, or night sweats. Symptoms of TB of the lungs may include: cough, chest pain, or coughing up blood. Other symptoms depend on the particular part of the body that is affected.

TB infection is different than TB disease:

People with TB disease are sick from bacteria that are active in their body. They usually have one or more of the symptoms of TB. These people are often capable of giving the infection to others. Medications can cure TB disease; usually three or more medications are given to treat TB disease. People with TB infection (without disease) have the bacteria that cause TB in their body. They are not sick because the germ lies inactive in the body. They cannot spread the germ to others. Medications are often prescribed for these people to prevent them from developing TB disease in the future. **A skin test can tell if you have TB infection:**

You can get a TB skin test from a doctor or local health department. A negative test usually means the person is not infected. However, the test may be falsely negative in a person who has been recently infected (it usually takes 2 to 10 weeks after exposure to a person with TB disease for the skin test to be positive). The test may also be falsely negative if the person's immune system is not working properly.

A positive skin test reaction usually means that the person has been infected with TB. It does not necessarily mean that the person has TB disease. Other tests, such as an x-ray or sputum sample, are needed to see if the person has TB disease.

If you have TB infection or disease:

- Do all the required tests that your doctor orders.
- Stay at home until your doctor tells you it is okay to return to work or school. Do not have visitors (especially children) until your doctor says it is okay.
- Keep all your medical appointments.
- Take all your TB medications as prescribed. In Maryland, the local health department works with doctors to treat almost all people with TB disease. The local health department will provide the correct antibiotics and make sure they are taken correctly. Medications must be taken for long periods of time (6 months or more).

STD Frequently Asked Questions

All of these diseases are passed on by having unprotected sex (any kind of sex) with someone who is infected. You cannot tell someone is infected by his or her looks!! Remember, STDs including HIV (the virus which causes AIDS) are passed on by having unprotected sex.

Primary Syphilis

- *Infectious agent is the spirochete Treponema pallidum.*
 - *Symptoms -non-painful sore on the genital area (outside or inside) or on the lip or inside the mouth, caused by sexual contact with someone who has a primary syphilis sore.*

- *Frequently asked questions -*

- *Do I always know I have it? No, the sore may be where you can't see it (inside the vagina, for example).*
- *Does the sore last a long time? No, the sore is only present for one or two weeks, then no symptoms until the next stage, secondary syphilis.*
- *Can a pregnant woman pass syphilis on to her unborn baby? Yes, a pregnant woman with syphilis who is not treated early enough can pass syphilis on to her baby, who can be born critically ill.*

Secondary Syphilis

- Infectious agent is the same as primary syphilis above.
- Symptoms -non-painful, non-itchy rash typically on palms of hands, soles of feet, may be anywhere on body. Rash is often spots that are darker than the normal skin color.
- Frequently asked questions -
 - Is the rash contagious? Yes, the rash is very contagious.
 - Is syphilis curable? Yes, it is easily curable with the right type and amount of penicillin.
 - What if I am allergic to penicillin? Another type of antibiotic may be used.

Herpes

- Infectious agent is the herpes simplex virus.
- Symptoms -painful blisters on the genital area can come and go. Some persons have sores that are so mildly painful that they do not know they have them. Others also can have sores in areas that are not seen, again like in the vagina, or mouth.
- Frequently asked questions -
 - Can I get herpes or pass it on even if there are no sores present? Yes, it may be possible to get it or pass it on even if no sores are present.
 - How long does the infection last? It will remain in your body for the remainder of your life.

You can be infectious to others at periodic times for many years.

Chlamydia

- Infectious agent is Chlamydia trachomatis, bacteria.
- Symptoms -yellow or mucous-like discharge from the vagina or penis. Usually, the discharge is of a small amount. Most persons do not have any symptoms.
- Frequently asked questions -
 - Can Chlamydia cause me to become sterile? Yes, untreated Chlamydia can cause infertility or long-term pelvic pain.
 - Can I have it and not know I have it? Yes, you may not have any symptoms but be infected for several years.

Gonorrhea

- Infectious agent is Neisseria gonorrhea, bacteria.
 - Symptoms -yellow or greenish or mucous-like discharge. A female may have burning on urination or pelvic pain. A male often may have burning with urination and may notice a stain in his underwear.
- Frequently asked questions -
 - Can a male have gonorrhea and not know they have it? Yes, it is possible to not have any symptoms. It is more likely that a female would have milder symptoms, or not have any symptoms than for a male.

Genital warts

- Infectious agent is the human papilloma virus (HPV).
 - Symptoms - cauliflower-like warty growths that may be on the genital area, outside or inside.
- Frequently asked questions -
 - Why do I have these warts and my partner doesn't? It is possible for one person to have genital warts and their partner to be free of warts.
 - I was told that I have an abnormal Pap smear caused by this virus, why didn't I have warts?

There are several types of HPV, some of which cause genital warts and some cause abnormal Pap smears.

- I have heard warts cause cancer, is this true? Yes, some types of HPV do cause cervical

cancers in women and penile cancer in men.

Remember: If you know you have an STD like Herpes or HPV (genital warts) or HIV, you must protect your future partners from infection. You must tell them before having sex and use condoms if you do have sex.

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Pedro Gonzalez (participant), 07/26/2024 08:57 AM

Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/26/2024 08:58 AM

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Step Into Recovery Centers INC
Specific Authorization for Psychotropic Medications

Name: Pedro Gonzalez MR#: SIR2024-135 DOB: 12/11/2001

Discussion of psychotropic medication should occur within the context of the patient(s) medical history and current overall medication regimen.

I, **Pedro Gonzalez**, hereby authorize the professional staff to administer treatment, limited to the mental health medications indicated below. Other medications may be suggested and discussed:

Antipsychotics:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Abilify 7.5mg-30mg | <input checked="" type="checkbox"/> Clozaril 12.5mg-900mg |
| <input checked="" type="checkbox"/> Geodon 20mg-160mg | <input checked="" type="checkbox"/> Haldol 0.5mg-80mg PO/IM |
| <input checked="" type="checkbox"/> Haldol Dec. 25-300mg IM | <input checked="" type="checkbox"/> Loxitane 5mg-250mgPO/IM |
| <input checked="" type="checkbox"/> Mellaril 10mg-1000mg | <input checked="" type="checkbox"/> Moban 10mg-225mg |
| <input checked="" type="checkbox"/> Navane 1mg-60mg | <input checked="" type="checkbox"/> Prolixin 0.5mg-75mg IM |
| <input checked="" type="checkbox"/> Prolixin Dec. 12.5mg-75mg IM | <input checked="" type="checkbox"/> Risperdal 0.25mg-6mg |
| <input checked="" type="checkbox"/> Serentil 10mg-400mg | <input checked="" type="checkbox"/> Seroquel 12.5mg-900mg |
| <input checked="" type="checkbox"/> Stelazine 1mg-40mg PO/IM | <input checked="" type="checkbox"/> Thorazine 10mg-2000mgPO/IM |
| <input checked="" type="checkbox"/> Trilafon 2mg-24mg PO/IM | <input checked="" type="checkbox"/> Zyprexa 2.5mg-40mg |

Anxiolytics:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Ativan 0.5mg-12mg PO/IM | <input checked="" type="checkbox"/> Buspar 5mg-60mg |
| <input checked="" type="checkbox"/> Klonopin 0.5mg-20mg | <input checked="" type="checkbox"/> Librium 5mg-300mg PO/IM |
| <input checked="" type="checkbox"/> Serax 10mg-120mg | <input checked="" type="checkbox"/> Tranxene 3.75mg-90mg |

☒ Valium 2mg-40mg PO/IM ☒ Xanax 0.125mg-10mg

Anti-Depressants:

<input checked="" type="checkbox"/> Anafranil 25mg-250mg	<input checked="" type="checkbox"/> Asendin 25mg-600mg
<input checked="" type="checkbox"/> Celexa 10mg-80mg	<input checked="" type="checkbox"/> Cymbalta 40mg-60mg
<input checked="" type="checkbox"/> Effexor 25mg-600mg	<input checked="" type="checkbox"/> Lexapro 5mg-30mg
<input checked="" type="checkbox"/> Luvox 25mg-300mg	<input checked="" type="checkbox"/> Nardil 15mg-90mg
<input checked="" type="checkbox"/> Pamelor 10mg-200mg	<input checked="" type="checkbox"/> Parnate 10mg-50mg
<input checked="" type="checkbox"/> Paxil 10mg-50mg	<input checked="" type="checkbox"/> Paxil CR 12.5mg-62.5mg
<input checked="" type="checkbox"/> Prozac 10mg-80mg	<input checked="" type="checkbox"/> Norpramin 10mg-300mg
<input checked="" type="checkbox"/> Remeron 7.5mg-60mg	<input checked="" type="checkbox"/> Serzone 25mg-600mg
<input checked="" type="checkbox"/> Sinequan 10mg-300mg	<input checked="" type="checkbox"/> Tofranil 10mg-300mg
<input checked="" type="checkbox"/> Trazadone 25mg-600mg	<input checked="" type="checkbox"/> Zoloft 25mg-200mg
<input type="checkbox"/> Wellbutrin SR 75mg-450mg	

CNS Stimulants/ADHD Meds:

<input checked="" type="checkbox"/> Adderal/XR 5mg-30mg	<input checked="" type="checkbox"/> Provigil 100mg-400mg
<input checked="" type="checkbox"/> Ritalin/SR 5mg-60mg	<input checked="" type="checkbox"/> Strattera 18mg-100mg

Hypnotics:

<input checked="" type="checkbox"/> Chloral hydrate 250mg-2000mg	<input checked="" type="checkbox"/> Restoril 7.5mg-60mg
--	---

Mood Stabilizers:

<input checked="" type="checkbox"/> Depakene 125mg-3000mg	<input checked="" type="checkbox"/> Depakote 125mg-3000mg
<input checked="" type="checkbox"/> Gabitril 2mg-56mg	<input checked="" type="checkbox"/> Lamictal 25mg-500mg
<input checked="" type="checkbox"/> Lithium 150mg-2400mg	<input checked="" type="checkbox"/> Tegretol 100mg-1200mg
<input checked="" type="checkbox"/> Topamax 25mg-400mg	<input checked="" type="checkbox"/> Trileptal 300mg-2400mg
<input checked="" type="checkbox"/> Neurontin 100mg-3600mg	

Anti-histamines:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Benadryl 25mg-200mg
PO/IM | <input checked="" type="checkbox"/> Periactin 2mg-
20mg |
| <input checked="" type="checkbox"/> Vistaril 25mg-300mg PO/IM | |

Anti-cholinergic:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Artane 1mg-15mg | <input checked="" type="checkbox"/> Cogentin 0.5mg-8mg
PO/IM |
| <input checked="" type="checkbox"/> Symmetrel 100mg-
300mg | |

Antidotes:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Antabuse 125-500mg | <input checked="" type="checkbox"/> Revia 25mg-
150mg |
| <input checked="" type="checkbox"/> Campral 333mg-
1998mg | |

Each subject below has been explained to me in detail, and I have had the opportunity to ask questions and receive answers about treatment:

- The nature of my mental health condition, the purpose of the treatment, and the approximate length of care.
- The reasons for prescribing the medication(s), including the likelihood of my condition improving or not improving with the medication.
- The proposed medications, dosages, and frequency.
- Common short and long-term side effects (including awareness of risks of Tardive Dyskinesia) of the proposed medication, including contraindications and clinically significant interactions with other medications.
- Alternative medications.
- The off-label use of medication.
- I was also given specific written information about the recommended medication(s). I understand that this is only a partial listing of information, and I should discuss all medical problems and medication(s) that I take with my physician.

I can refuse to take the medication(s) at any time if I tell any member of the medical staff.

☒ **I DO** consent to the use of the above medication(s). I give consent voluntarily and understand that this may be revoked orally or in writing at any time.

☐ **I DO NOT** consent to the use of any of the above medication(s).



Pedro Gonzalez (participant), 07/29/2024 02:30 PM

Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/29/2024 02:31 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Step Into Recovery Centers INC
Self Harm-Agreement

Client Name: Pedro Gonzalez MR #: SIR2024-135 DOB: 12/11/2001

I agree to refrain from harming, injuring, and/or endangering myself in any way including attempting suicide while I remain in treatment at Step Into Recovery Centers INC.

I agree to seek the assistance of a staff member immediately if and when I have any thoughts of self-harm and/or harm to others, regardless of the time of day or night.

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Pedro Gonzalez (participant), 07/29/2024 03:01 PM
Staff present: Jennifer Rosa, Administrator



Jennifer Rosa, Administrator (Staff), 07/29/2024 03:01 PM

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Individualized Treatment Plan 08/15/2024 04:00 PM

Date Established: 08/15/2024 04:00 PM

Problem (in patient's own words):

Modality:

Problem:

Client Statement: I have participated in the development and review of this treatment plan, have received a copy of this treatment plan and I agree to participate in this part of my treatment to the best of my ability.

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Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

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Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

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Location: Step Into Recovery Centers INC
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Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US &
Canada)

Step Into Recovery Centers INC Confidentiality Policy

The following information is provided to assist you in your counseling experience at Step Into Recovery Centers INC.

Counseling and treatment is a personal and confidential relationship between a clinician and individual, group, or family.

We work from a team approach at Step Into Recovery Centers INC. Therefore, there may be times when it is necessary for us to consult with other professional staff either individually or at our clinical team meetings in an effort to provide you with the highest consideration and quality. Our clinicians are all Mastered prepared and professionally licensed, graduate student interns, or clinicians working toward certification in substance abuse counseling.

No information will be released from Step Into Recovery Centers INC regarding counseling or consultation sessions without your expressed written consent. If you wish for information to be released to anyone, it will be necessary for you to complete a Release of Information form, stipulating the professional to whom the information is being sent. The law stipulates that in the event of imminent danger to yourself or others, we **must** breach confidentiality. We must also act in accordance with any applicable state laws regarding mandatory disclosure of child, elder, or other abuse.

I have read the above policies and procedures and understand them.

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Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) 08/15/2024 04:00 PM

Date: 08/15/2024

Columbia-Suicide Severity Rating Scale (C-SSRS)

The **Columbia-Suicide Severity Rating Scale (C-SSRS)** is a questionnaire used for suicide assessment developed by multiple institutions, including Columbia University, with NIMH support. The scale is evidence-supported and is part of a national and international public health initiative involving the assessment of suicidality. Available in 103 different languages, the scale has been successfully implemented across many settings, including schools, college campuses, military, fire departments, the justice system, primary care and for scientific research.

Several versions of the C-CCRS have been developed for clinical practice. The **Risk Assessment** version is three pages long, with the initial page focusing on a checklist of all risk and protective factors that may apply. This page is designed to be completed following the client (caller) interview. The next two pages make up the formal assessment. The C-SSRS Risk Assessment is intended to help establish a person's immediate risk of suicide and is used in acute care settings.

In order to make the C-SSRS Risk Assessment available to all Lifeline centers, the Lifeline collaborated with Kelly Posner, Ph.D., Director at the Center for Suicide Risk Assessment at Columbia University/New York State Psychiatric Institute to slightly adjust the first checklist page to meet the Lifeline's Risk Assessment Standards. The following components were added: helplessness, feeling trapped, and engaged with phone worker.

The approved version of the C-SSRS Risk Assessment follows This is one recommended option to consider as a risk assessment tool for your center. If applied, it is intended to be followed exactly according to the instructions and cannot be altered.

Training is available and recommended (though not required for clinical or center practice) before administering the C-SSRS. Training can be administered through a 30-minute interactive slide presentation followed by a question-answer session or using a DVD of the presentation. Those completing the training are then certified to administer the C-SSRS and can receive a certificate, which is valid for two years.

To complete the C-SSRS Training for Clinical Practice, visit <http://c-ssrs.trainingcampus.net/>

For more general information, go to<http://cssrs.columbia.edu/>

Any other related questions, contact Gillian Murphy atatgmurphy@mhaofnyc.org.

COLUMBIA-SUICIDE SEVERITY RATING SCALE
(C-SSRS)

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann
© 2008 The Research Foundation for Mental Hygiene, Inc.

RISK ASSESSMENT VERSION

(* elements added with permission for Lifeline centers)

**Treatment
History**

Other Risk Factors

Clinical Status (Recent)

Protective Factors (Recent)

**Other Protective
Factors**

**Describe any suicidal, self-injury or aggressive behavior (include
dates):**

Suicidal Ideation

Ask questions 1 & 2. If both are negative, proceed to “Suicidal Behavior” section. If the answer to question 2 is “yes,” ask questions 3, 4, and 5. If the answer to question 1 and/or 2 is “yes,” complete “Intensity of Ideation” section below.

1. Wish to be Dead

Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

**Have you wished you were dead or wished you could go to sleep and not wake
up?**

Lifetime: Time He/She Felt Most Suicidal

Past 1 Month

2. Non-Specific Active Suicidal Thoughts

General non-specific thoughts of wanting to end one’s life/commit suicide (e.g. “*I’ve thought about killing myself*”) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.

**Have you actually had any thoughts of killing
yourself?**

Lifetime: Time He/She Felt Most Suicidal

Past 1 Month

3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act

Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g. thought of method to kill self but not a specific plan). Includes person who would say, *“I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it.”*

Have you been thinking about how you might do this?

Lifetime: Time He/She Felt Most Suicidal

Past 1 Month

4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan

Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts as opposed to *“I have the thoughts but I definitely will not do anything about them.”*

Have you had these thoughts and had some intention of acting on them?

Lifetime: Time He/She Felt Most Suicidal

Past 1 Month

5. Active Suicidal Ideation with Specific Plan and Intent

Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.

Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

Lifetime: Time He/She Felt Most Suicidal

Past 1 Month

Intensity of Ideation

The following features should be rated with respect to the most sever type of ideation (i.e. 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about the time he/she was feeling the most suicidal.

Lifetime – Most Severe Ideation

Description of Ideation

Recent – Most Severe Ideation

Description of Ideation

Frequency

How many times have you had these thoughts?

- (1) Less than once a week
- (2) Once a week
- (3) 2-5 times in week
- (4) Daily or almost daily
- (5) Many times each day

Duration

When you have the thoughts how long do they last?

- (1) Fleeting – a few seconds or minutes
- (2) Less than 1 hour/some of the time
- (3) 1-4 hours/a lot of time
- (4) 4-8 hours/most of day
- (5) More than 8 hours/persistent or continuous

Controllability

Could/can you stop thinking about killing yourself or wanting to die if you want to?

- (1) Easily able to control thoughts
- (2) Can control thoughts with little difficulty
- (3) Can control thoughts with some difficulty
- (4) Can control thoughts with a lot of difficulty
- (5) Unable to control thoughts
- (0) Does not attempt to control thoughts

Deterrents

Are there things – anyone or anything (e.g. family, religion, pain of death) – that stopped you from wanting to die or acting on thoughts of committing suicide?

- (1) Deterrents definitely stopped you from attempting suicide

- (2) Deterrents probably stopped you
 - (3) Uncertain that deterrents stopped you
 - (4) Deterrents most likely did not stop you
 - (5) Deterrents definitely did not stop you
 - (0) Does not apply
-

Reasons for Ideation

What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?

- (1) Completely to get attention, revenge or a reaction from others
 - (2) Mostly to get attention, revenge, or a reaction from others
 - (3) Equally to get attention revenge, or a reaction from others and to end/stop the pain
 - (4) Mostly to end/stop the pain (you couldn't go on living with the pain or how you were feeling)
 - (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling)
 - (0) Does not apply
-

Suicidal Behavior

(Check all that apply, so long as these are separate events; must ask about all types)

Actual Attempt:

A potentially self-injurious act committed with at least some wish to die,*as a result of act*. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is **any** intent/desire to die associated with the act, then it can be considered an actual suicide attempt. ***There does not have to be any injury or harm*** just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.

Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.

Have you made a suicide attempt?

Have you made a suicide attempt?

Have you made a suicide attempt?

What did you do?

Did you _____ as a way to end your life

Did you want to die (even a little) when you _____?

Were you trying to end your life when you _____?

Or Did you think it was possible you could have died from _____?

Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)? (Self-Injurious Behavior without suicidal intent)

Lifetime

Past 3 Months

Has subject engaged in Non-Suicidal Self-Injurious Behavior?

Lifetime

Past 3 Months

Interrupted Attempt:

When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act *(if not for that, actual attempt would have occurred)*.

Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.

Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?

Lifetime

Past 3 Months

Aborted or Self-Interrupted Attempt:

When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.

Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?

Lifetime

Past 3 Months

Preparatory Acts or Behavior:

Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one’s death by suicide (e.g., giving things away, writing a suicide note).

Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?

Lifetime

Past 3 Months

Actual Lethality/Medical Damage:

- (0) No physical damage or very minor physical damage (e.g., surface scratches).
- (1) Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains).
- (2) Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel).
- (3) Moderately severe physical damage; *medical* hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures).
- (4) Severe physical damage; *medical* hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area).
- (5) Death

Potential Lethality: Only Answer if Actual Lethality=0

Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).

- 0 = Behavior not likely to result in injury
- 1 = Behavior likely to result in injury but not likely to cause death
- 2 = Behavior likely to result in death despite available medical care

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US &
Canada)

Step Into Recovery Centers INC

Client Rights

All individuals who apply for services, regardless of sex, race, age, color, creed, financial status, or national origin, are assured that their lawful rights as Clients shall be guaranteed and protected. While being served, you the Client are assured and guaranteed the following rights:

1. To be treated with respect and dignity.
2. To receive timely treatment by qualified professionals.
 - a. Every effort will be made to use the least restrictive, most appropriate treatment available, based on Client needs.
 - b. Each Client shall be afforded the opportunity to participate in activities designed to enhance self-image.
 - c. An individualized treatment plan shall be developed for each Client in accordance with the provisions established for each program component.
3. To receive quality treatment that is best suited to his/her needs and shall include appropriate services, whether they be medical, vocational, social, educational, and/or rehabilitative services.
4. To express by signature an informed consent of the right to release information for communication purposes with other agencies.
5. To receive communication and correspondence from individuals.
6. To privacy for interview/counseling sessions.
7. To practice your religious practices.
8. To be provided humane care and protection from harm.
9. To contract and consult with legal counsel and private practitioners of your choice at your expense.
10. To exercise your constitutional, statutory, and civil rights.
11. To be free of physical restraint or seclusion.
12. To be informed of the nature of treatment or rehabilitation, the known effects of receiving the treatment or rehabilitation, and alternative treatment or rehabilitation programs.
13. To be provided with information on an ongoing basis regarding your treatment or rehabilitation.

14. To be provided services in accordance with standards of practice, appropriate to your needs, and designed to afford you a reasonable opportunity to improve your condition.

15. To confidentiality of the Client being in treatment and of the Client's records. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse Client. Federal regulations state any person who violates any provision of the law shall be fined not more than \$500.00 in the case of the first offense and not more than \$5,000.00 in the case of each subsequent offense, except where noted in the Federal Law of Confidentiality, 42 CFR, Part 2, Section 2.22, which includes the following:

- a. The limited circumstances of release of Client information include, crimes on program premises or against program personnel, medical emergencies, mandated reports of child abuse or neglect, elderly abuse, threats to harm self or others, research, audit, and evaluations, or court orders.

16. To receive full information regarding the treatment process.

17. To refuse treatment.

18. To all other constitutional and legal rights, including the right to personal clothing and effects.

19. To be informed of the Client grievance procedure upon request.

Confidentiality of Alcohol and Drug Abuse Patient Records/Limits to Confidentiality

The confidentiality of alcohol and drug abuse Client records maintained by this program are protected by Federal law and regulations. Generally, the program may not say to a person outside the program that the Client attends the program or disclose any information identifying a client as an alcohol or drug abuser unless:

1. The Client consents in writing
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel
4. The disclosure to a qualified person for research, audit, or program evaluation; or
5. The disclosure is made to protect self or others or a crime has been committed; or
6. The disclosure in the event of threats of harm to self or others (Duty To Warn).

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by the Client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about elderly abuse, suspected child abuse or neglect, threats to harm to self or others from being protected. These may be released under State law to appropriate State or local authorities beyond Federal CFR42-Regulations.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

Grievance Procedure:

1. Any person(s) who believes that their rights have been violated or has a complaint or grievance may file a complaint pursuant to the procedures set forth below, on their behalf or on the behalf of another person. All persons are encouraged to file a grievance. By filing a complaint the individual will not subject themselves to any form of adverse action, reprimand, retaliation, or otherwise negative treatment by Step Into Recovery Centers INC. The client shall have immediate access to the grievance form; a posting of the grievance procedure will be within the facility with the levels of appeals, and in the Patient Handbook.

2. The processing procedures for grievances and complaints are as follows:

- a. The Client is encouraged to discuss any problems with their therapist. The Client and therapist will try to find a resolution. The therapist will correspond with the Clinical Director on the grievance and/or complaint and any resolution.
- b. All grievances shall first be filed with the Clinical Director by completing a "Client Grievance" form. The Human Resources Director and/or Designee shall give the Client a receipt of the filed grievance and log the grievance. The Director will conduct an internal investigation and render an initial determination and resolution within 2 days of receipt of the complaint in writing.
- c. If the complaint is not satisfied or if the complaint is not resolved with the results achieved in Step 2, the complaint may file an appeal and/or the grievance shall be forwarded to the Executive Director and this meeting shall be held within five working days of the date it is requested.
- d. The Client shall be presented with a resolution and response to their grievance in writing.
- e. In the event that the Client does not feel a resolution has been reached they may contact the state regulatory department and the applicable client advocacy institution.

3. The Clinical Director and the Executive Director shall take steps to ensure an appropriate investigation of each complaint to determine its validity. These rules contemplate informally, but thorough, investigations affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.

4. Any allegations of physical or sexual abuse by a therapist shall immediately be brought to the attention of the Clinical Director and the police shall be notified. The Client will be afforded the opportunity to contact the Police, state Abuse Hotline, the state department of family services, and the state disability rights department where applicable. The telephone numbers of the hotlines are posted within the facility.

I, Pedro Gonzalez, hereby acknowledge receipt of and understand the "Client Rights" statement.

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Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Bio-psychosocial Assessment 08/15/2024 04:00 PM

Date/Time: 08/15/2024 04:00 PM

I. SOCIAL AREA

A. Family of Origin

1. Where were you raised and by whom?

2. Do you have any siblings?

	Name	Age	Grew Up Together?

3. How were the relationships between family members in the immediate family/in the household?

4. Who do you feel closest to in the family and why?

5. Is there any history of the following:

Mother:

Father:

Step-Parent:

Siblings:

Other:

If YES to any of the above, elaborate:

B. Family of Choice

1. Are you involved in a significant relationship?

If YES, are you satisfied with relationship with partner?

2. Marriage

History:

	Name of Spouse (Ex-Spouse)	Date of Marriage	Date of Divorce	Reason(s) for Divorce

3. Do you have any children?

	Name	Age	Participatory Parent

4. Are you satisfied with your relationship with your children? ☐ Yes ☐ No ☐ N/A

5. Is there any history of the following:

Partner:

Past Partner:

Children:

If YES to any of the above, elaborate:

C. Cultural Influences

1. Were you raised in any specific culture?

2. Do you identify with any specific cultural group?

3. Do you currently practice any specific cultural rituals?

D. Spirituality/Religious Assessment

1. Is religion or spirituality important in your life?

2. Do you use prayer/meditation?

3. How does your faith help you cope with problems in your life?

II. LEGAL HISTORY

1. Is Client currently involved in the Criminal Justice System?

2. Have you ever been incarcerated? ☐ Yes ☐ No

If YES, list incarceration history, most recent first:

	Date	Charges	Duration/Location	Disposition

3. Do you currently owe any restitution?

4. How much will your legal situation influence your progress in treatment:

5. What is the urgency of your legal situation?

6. Is the legal situation related to your current issues with substance use or mental illness?

III. EDUCATIONAL / VOCATIONAL / MILITARY ISSUES

A. Educational History

1. What is the highest grade completed / degree or certificate obtained?

2. Are you currently enrolled and attending school?

3. Do you have any future educational goals?

B. Employment History

1. Has Client ever been employed? ☐ Yes ☐ No

If YES, list employment history (most recent first):

	Job/Position	Employment Dates	Reason for Leaving	Salary

2. Do you need/want any specific vocational training?

3. Have you ever received any vocational training?

C. Military Service

1. Have you ever served in the Military? ☐ Yes ☐ No

If YES:

	Branch	Length of Service	Type of Discharge	Benefits Received
--	--------	-------------------	-------------------	-------------------

Additional information / comments concerning Educational / Vocational Issues:

IV. SEXUAL / ABUSE / TRAUMA HISTORY

Describe your present sexual orientation:

Check all that apply:

For all checked, describe below.

If YES, was it alcohol/drug related? ☐ Yes ☐ No ☐ N/A

Explain any checked items above:

Are you currently in or have you ever been involved in an abusive relationship?

TRAUMA ASSESSMENT:

Have you ever experienced any of the following types of trauma?

Significant death of a family member or friend: ☐ Yes ☐ No

Witnessing an Accident: ☐ Yes ☐ No

Community Violence: ☐ Yes ☐ No

Domestic Violence: ☐ Yes ☐ No

Childhood Trauma: ☐ Yes ☐ No

Natural Disaster: ☐ Yes ☐ No

Family Violence: ☐ Yes ☐ No

Neglect: ☐ Yes ☐ No

Any type of physical, sexual or emotional abuse: ☐ Yes ☐ No

School Violence: ☐ Yes ☐ No

Do you have a history of past or current types of trauma listed above, or sexual, psychological or physical abuse or any other type of abuse, and/or neglect, trauma or exploitation explain below:

Do you feel that this trauma may interfere with treatment and/or has led to past relapses?

Do you have a history of sexual, psychological or physical abuse or any other type of abuse, neglect, trauma or exploitation – Is the facility going to provide Trauma Therapy:

V. LEISURE/RECREATIONAL ACTIVITIES

List any hobbies, recreational interests, sports, games or other leisure activities you enjoy:

What effect has your substance use had on your leisure time?

VI. CURRENT SOCIAL ENVIRONMENT

Current Social Situation/Environment (present living arrangement & environment, identify significant relationships with family members, support systems, current social / peer groups and community resources):

VII. CURRENT FINANCIAL STATUS

Current Financial Status & How did you pay for Drug/Alcohol Addiction?

VIII. CONSEQUENCES OF ADDICTION

1. Describe client's consequences of addiction:

Physical
Emotional
Spiritual
Value System
Legal
Financial
Social
Mental
Behavioral

IV. SUBSTANCE USE HISTORY & ASSESSMENT

Substance History:

	First Used	Last Used	Frequency/Duration	Amount	Method	Pattern of Use (Episodic, Experimental, Binge, Continued, Mental/Behavioral)
Alcohol	13 yrs old	4/22/2024	daily	750 ml	oral	continued
Marijuana	13 yrs old	04/30/2024	weekends	1/2 gram-1 gram	inhaled	binge
Cocaine (Powder)						
Crack Cocaine						
Crystal Meth						
Heroin						
Suboxone/Zubsolv						
Oxycontin						
Methadone						

Other Opiates						
Benzodiazepines	15 yrs old	4/22/2024	daily	6 mg	oral	continued
Hallucinogens						
Amphetamines						
Inhalants						
Ketamine (Special K)						
Triple C's						
Codeine						
Ecstasy						
Bath Salts						
Flakka						
MDMA/Molly						
Steroids						
K2/Spice						
Kratom						
Kava						
Other OTC Drugs						

Other Drugs
Used:

First Used	Last Used	Frequency/Duration	Amount	Method	Pattern of Use (Episodic, Experimental, Binge, Continued, Mental/Behavioral)

Assessment for Other Addictive Disorders

History of Other Addictive Behaviors:

Eating
Disorders?

Have you ever received treatment for an Eating Disorder? ☐ Yes ☐ No

Is Eating Disorder still an issue for you? ☐ Yes ☐ No ☐ N/A

Do you have a history of
Gambling?

Do you feel that gambling is an issue for you? ☐ Yes ☐ No ☐ N/A

Are there other addictive behaviors (work, nicotine, sex, caffeine, shopping, and/or exercising) that the you have a problem with?

Are there any other addictive disorders that will need to be addressed in treatment?

List Drugs of Choice:

Preference	Class	Substance(s)
Primary	Alcohol	Spirits/liquor
Secondary	Sedatives, Hypnotics and Anxiolytics	Alprazolam
Tertiary		

Drug Craving: (Range 0-10, 10 being highest)

Treatment History

Number of Times:

Previous Treatment: ☒ None

Describe your treatment and relapse history, including AA experiences and attempts at abstinence/recovery:

What precipitating events lead to relapse (i.e. triggers)?

X. TREATMENT ACCEPTANCE / RESISTANCE DIMENSION

1. Describe your external motivation for Treatment?

2. Describe your internal motivation for Treatment?

3. Relapse/Continued Use Potential

Client's Strengths:

Client's Weaknesses:

Barriers to Treatment:

XI. RECOVERY ENVIRONMENT

1. Do you have an existing positive support system?

2. Is your current living environment conducive to progress in therapy?

3. Are you currently engaged in any substance-free leisure activities or

hobbies?

4. What strengths do you have that will assist you in regards to recovery?

5. Additional information / comments concerning recovery environment issues:

XV. INTERVIEW WITH SIGNIFICANT FAMILY MEMBER

(When available in person or by phone)

1. Does family member / significant other view Client’s behavior and/or usage as a problem?

2. Has any family member / significant other attempted to address/intervene in Client’s behavior and/or usage? ☐ Yes ☐ No

Why or Why Not?

3. Has family member / significant other noticed any changes in Client’s behavior?

4. Have there been any traumatic events in the family or specific to the Client?

5. Is family member / significant other willing to participate in Client’s treatment?

CLINICAL IMPRESSIONS:

Include the impact of spirituality on the ability of the individual to receive care/services/determination of any barriers to treatment and/or affiliation with certain types of self-help groups, and if any further assessments are needed.

XII. ASSESSMENT OF MENTAL STATUS DURING INTERVIEW

APPEARANCE:

AFFECT:

MOOD:

BEHAVIOR:

ORIENTATION:

INSIGHT:

JUDGMENT:

LEVELS OF IMPAIRMENT / SEVERITY RATINGS

RATE CLIENT’S LEVEL OF IMPAIRMENT & SEVERITY:

RATING/SEVERITY SCALE:

- 0 – Not at all
- 1 – Slightly
- 2 – Moderately
- 3 – Considerably
- 4 – Extremely

PROBLEMS:()

MEDICAL:()

EMPLOYMENT:()

PEER SUPPORT:()

DRUG/ALCOHOL USAGE:()

LEGAL:()

FAMILY/SOCIAL:()

PSYCHIATRIC - MENTAL HEALTH:()

TOTAL SCORE:()

OVERALL LEVEL OF IMPAIRMENT & SEVERITY

0	Not at all impaired
1-7	Slightly impaired
8-15	Moderately impaired
16-23	Considerably impaired
24 & OVER	Extremely impaired

RATIONALE FOR TREATMENT AT THIS LEVEL OF CARE:

REASON FOR TREATMENT AT THIS TIME / GOAL FOR TREATMENT:

INTEGRATED DIAGNOSTIC SUMMARY/CLINICAL IMPRESSION:

Diagnosis:

Diagnoses

F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

List Problems Identified in Bio-Psychosocial:

Total Problems: 2

Problem	Status	Behavioral Definition/As evidenced by
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Substance Use Disorders	Active	<ul style="list-style-type: none">Continues substance use despite knowledge of experiencing persistent physical, legal, financial, vocational, social, and/or relationship problems that are directly caused by the use of the substance.Reports suspension of important social, recreational, or occupational activities because they interfere with using.
Anxiety	Active	<ul style="list-style-type: none">Abuses substances in an attempt to control anxiety symptoms.Excessive and/or unrealistic worry that is difficult to control, occurring more days than not for at least 6 months about a number of events or activities.

If a problem is identified, but not to be treated in treatment, add to Problem List and check to either Defer or Refer.

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4. Have there been any traumatic events in the family or specific to the Client?

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Bio-psychosocial Assessment 08/15/2024 04:00 PM

Date/Time: 08/15/2024 04:00 PM

I. SOCIAL AREA

A. Family of Origin

1. Where were you raised and by whom?

2. Do you have any siblings?

	Name	Age	Grew Up Together?

3. How were the relationships between family members in the immediate family/in the household?

4. Who do you feel closest to in the family and why?

5. Is there any history of the following:

Mother:

Father:

Step-Parent:

Siblings:

Other:

If YES to any of the above, elaborate:

B. Family of Choice

1. Are you involved in a significant relationship?

If YES, are you satisfied with relationship with partner?

2. Marriage

History:

	Name of Spouse (Ex-Spouse)	Date of Marriage	Date of Divorce	Reason(s) for Divorce

3. Do you have any children?

	Name	Age	Participatory Parent

4. Are you satisfied with your relationship with your children? ☐ Yes ☐ No ☐ N/A

5. Is there any history of the following:

Partner:

Past Partner:

Children:

If YES to any of the above, elaborate:

C. Cultural Influences

1. Were you raised in any specific culture?

2. Do you identify with any specific cultural group?

3. Do you currently practice any specific cultural rituals?

D. Spirituality/Religious Assessment

1. Is religion or spirituality important in your life?

2. Do you use prayer/meditation?

3. How does your faith help you cope with problems in your life?

II. LEGAL HISTORY

1. Is Client currently involved in the Criminal Justice System?

2. Have you ever been incarcerated? ☐ Yes ☐ No

If YES, list incarceration history, most recent first:

	Date	Charges	Duration/Location	Disposition

3. Do you currently owe any restitution?

4. How much will your legal situation influence your progress in treatment:

5. What is the urgency of your legal situation?

6. Is the legal situation related to your current issues with substance use or mental illness?

III. EDUCATIONAL / VOCATIONAL / MILITARY ISSUES

A. Educational History

1. What is the highest grade completed / degree or certificate obtained?

2. Are you currently enrolled and attending school?

3. Do you have any future educational goals?

B. Employment History

1. Has Client ever been employed? ☐ Yes ☐ No

If YES, list employment history (most recent first):

	Job/Position	Employment Dates	Reason for Leaving	Salary

2. Do you need/want any specific vocational training?

3. Have you ever received any vocational training?

C. Military Service

1. Have you ever served in the Military? ☐ Yes ☐ No

If YES:

	Branch	Length of Service	Type of Discharge	Benefits Received
--	--------	-------------------	-------------------	-------------------

Additional information / comments concerning Educational / Vocational Issues:

IV. SEXUAL / ABUSE / TRAUMA HISTORY

Describe your present sexual orientation:

Check all that apply:

For all checked, describe below.

If YES, was it alcohol/drug related? ☐ Yes ☐ No ☐ N/A

Explain any checked items above:

Are you currently in or have you ever been involved in an abusive relationship?

TRAUMA ASSESSMENT:

Have you ever experienced any of the following types of trauma?

Significant death of a family member or friend: ☐ Yes ☐ No

Witnessing an Accident: ☐ Yes ☐ No

Community Violence: ☐ Yes ☐ No

Domestic Violence: ☐ Yes ☐ No

Childhood Trauma: ☐ Yes ☐ No

Natural Disaster: ☐ Yes ☐ No

Family Violence: ☐ Yes ☐ No

Neglect: ☐ Yes ☐ No

Any type of physical, sexual or emotional abuse: ☐ Yes ☐ No

School Violence: ☐ Yes ☐ No

Do you have a history of past or current types of trauma listed above, or sexual, psychological or physical abuse or any other type of abuse, and/or neglect, trauma or exploitation explain below:

Do you feel that this trauma may interfere with treatment and/or has led to past relapses?

Do you have a history of sexual, psychological or physical abuse or any other type of abuse, neglect, trauma or exploitation – Is the facility going to provide Trauma Therapy:

V. LEISURE/RECREATIONAL ACTIVITIES

List any hobbies, recreational interests, sports, games or other leisure activities you enjoy:

What effect has your substance use had on your leisure time?

VI. CURRENT SOCIAL ENVIRONMENT

Current Social Situation/Environment (present living arrangement & environment, identify significant relationships with family members, support systems, current social / peer groups and community resources):

VII. CURRENT FINANCIAL STATUS

Current Financial Status & How did you pay for Drug/Alcohol Addiction?

VIII. CONSEQUENCES OF ADDICTION

1. Describe client's consequences of addiction:

- Physical
- Emotional
- Spiritual
- Value System
- Legal
- Financial
- Social
- Mental
- Behavioral

IV. SUBSTANCE USE HISTORY & ASSESSMENT

Substance History:

	First Used	Last Used	Frequency/Duration	Amount	Method	Pattern of Use (Episodic, Experimental, Binge, Continued, Mental/Behavioral)
Alcohol	13 yrs old	4/22/2024	daily	750 ml	oral	continued
Marijuana	13 yrs old	04/30/2024	weekends	1/2 gram-1 gram	inhaled	binge
Cocaine (Powder)						
Crack Cocaine						
Crystal Meth						
Heroin						
Suboxone/Zubsolv						
Oxycontin						
Methadone						

Other Opiates						
Benzodiazepines	15 yrs old	4/22/2024	daily	6 mg	oral	continued
Hallucinogens						
Amphetamines						
Inhalants						
Ketamine (Special K)						
Triple C's						
Codeine						
Ecstasy						
Bath Salts						
Flakka						
MDMA/Molly						
Steroids						
K2/Spice						
Kratom						
Kava						
Other OTC Drugs						

Other Drugs
Used:

First Used	Last Used	Frequency/Duration	Amount	Method	Pattern of Use (Episodic, Experimental, Binge, Continued, Mental/Behavioral)

Assessment for Other Addictive Disorders

History of Other Addictive Behaviors:

Eating
Disorders?

Have you ever received treatment for an Eating Disorder? ☐ Yes ☐ No

Is Eating Disorder still an issue for you? ☐ Yes ☐ No ☐ N/A

Do you have a history of
Gambling?

Do you feel that gambling is an issue for you? ☐ Yes ☐ No ☐ N/A

Are there other addictive behaviors (work, nicotine, sex, caffeine, shopping, and/or exercising) that the you have a problem with?

Are there any other addictive disorders that will need to be addressed in treatment?

List Drugs of Choice:

Preference	Class	Substance(s)
Primary	Alcohol	Spirits/liquor
Secondary	Sedatives, Hypnotics and Anxiolytics	Alprazolam
Tertiary		

Drug Craving: (Range 0-10, 10 being highest)

Treatment History

Number of Times:

Previous Treatment: ☒ None

Describe your treatment and relapse history, including AA experiences and attempts at abstinence/recovery:

What precipitating events lead to relapse (i.e. triggers)?

X. TREATMENT ACCEPTANCE / RESISTANCE DIMENSION

1. Describe your external motivation for Treatment?

2. Describe your internal motivation for Treatment?

3. Relapse/Continued Use Potential

Client's Strengths:

Client's Weaknesses:

Barriers to Treatment:

XI. RECOVERY ENVIRONMENT

1. Do you have an existing positive support system?

2. Is your current living environment conducive to progress in therapy?

3. Are you currently engaged in any substance-free leisure activities or

hobbies?

4. What strengths do you have that will assist you in regards to recovery?

5. Additional information / comments concerning recovery environment issues:

XV. INTERVIEW WITH SIGNIFICANT FAMILY MEMBER

(When available in person or by phone)

1. Does family member / significant other view Client’s behavior and/or usage as a problem?

2. Has any family member / significant other attempted to address/intervene in Client’s behavior and/or usage? ☐ Yes ☐ No

Why or Why Not?

3. Has family member / significant other noticed any changes in Client’s behavior?

4. Have there been any traumatic events in the family or specific to the Client?

5. Is family member / significant other willing to participate in Client’s treatment?

CLINICAL IMPRESSIONS:

Include the impact of spirituality on the ability of the individual to receive care/services/determination of any barriers to treatment and/or affiliation with certain types of self-help groups, and if any further assessments are needed.

XII. ASSESSMENT OF MENTAL STATUS DURING INTERVIEW

APPEARANCE:

AFFECT:

MOOD:

BEHAVIOR:

ORIENTATION:

INSIGHT:

JUDGMENT:

LEVELS OF IMPAIRMENT / SEVERITY RATINGS

RATE CLIENT’S LEVEL OF IMPAIRMENT & SEVERITY:

RATING/SEVERITY SCALE:

- 0 – Not at all
- 1 – Slightly
- 2 – Moderately
- 3 – Considerably
- 4 – Extremely

PROBLEMS:()

MEDICAL:()

EMPLOYMENT:()

PEER SUPPORT:()

DRUG/ALCOHOL USAGE:()

LEGAL:()

FAMILY/SOCIAL:()

PSYCHIATRIC - MENTAL HEALTH:()

TOTAL SCORE:()

OVERALL LEVEL OF IMPAIRMENT & SEVERITY

0	Not at all impaired
1-7	Slightly impaired
8-15	Moderately impaired
16-23	Considerably impaired
24 & OVER	Extremely impaired

RATIONALE FOR TREATMENT AT THIS LEVEL OF CARE:

REASON FOR TREATMENT AT THIS TIME / GOAL FOR TREATMENT:

INTEGRATED DIAGNOSTIC SUMMARY/CLINICAL IMPRESSION:

Diagnosis:

Diagnoses

F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

List Problems Identified in Bio-Psychosocial:

Total Problems: 2

Problem	Status	Behavioral Definition/As evidenced by
---------	--------	---------------------------------------

Anxiety	Active	<ul style="list-style-type: none">Abuses substances in an attempt to control anxiety symptoms.Excessive and/or unrealistic worry that is difficult to control, occurring more days than not for at least 6 months about a number of events or activities.
Substance Use Disorders	Active	<ul style="list-style-type: none">Continues substance use despite knowledge of experiencing persistent physical, legal, financial, vocational, social, and/or relationship problems that are directly caused by the use of the substance.Reports suspension of important social, recreational, or occupational activities because they interfere with using.

If a problem is identified, but not to be treated in treatment, add to Problem List and check to either Defer or Refer.

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4. Have there been any traumatic events in the family or specific to the Client?

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

LOCUS Assessment with Scoring 08/15/2024 04:01 PM

Evaluation 08/15/2024 04:01 PM
Date/Time:

I. Risk of Harm ()

Evidence

II. Functional Status ()

Evidence

III. Co-occurring Disorders ()

Evidence

IV. Recovery Environment

A) Level of Stress ()

Evidence

B) Level of Support ()

Evidence

V. Treatment and Recovery History ()

Evidence

VI. Engagement ()

Evidence

Composite Score ()

Level 1 – 10-13

Level 2 – 14-16

Level 3 – 17-19

Level 4 – 20-22

Level 5 – 23+

Placement Grid Level of Care - LOC

Clinician Recommended LOC

Clinical Justification if Placement Grid LOC is different than Clinician Recommended LOC

Preliminary Recommendations Based on Assessment:

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Golden Thread

	Date Established	Status	Updated At
Substance Use Disorders - (Active)			
Clinical: Treatment Plan	08/15/2024	Active	08/15/2024
Goal: Establish and maintain total abstinence, while increasing knowledge of the disease and the process of recovery.	05/24/2024	in progress	07/31/2024
Objective: Implement relapse prevention strategies for managing possible future situations with high risk for relapse.	07/31/2024		
Intervention: Discuss with the client the distinction between a lapse and relapse, associating a lapse with an initial, temporary, and reversible use of a substance and relapse with the decision to return to a repeated pattern of abuse.	07/31/2024		
Status: Open	07/31/2024		
Status: Extended	05/31/2024		
Status: Extended	06/07/2024		
Status: Extended	06/14/2024		
Status: Extended	06/21/2024		
Status: Extended	06/28/2024		
Status: Extended	07/05/2024		
Status: Extended	07/12/2024		
Status: Extended	07/19/2024		
Status: Extended	07/26/2024		
	08/02/2024		
Intervention: Request that the client identify feelings, behaviors, and situations that place him/her at a higher risk for gambling and/or substance abuse (or assign "Relapse Triggers" in the Adult Psychotherapy Homework Planner by Jongsma).			
Status: Open	07/31/2024		
Status: Extended	05/31/2024		
Status: Extended	06/07/2024		
Status: Extended	06/14/2024		
Status: Extended	06/21/2024		
Status: Extended	06/28/2024		
Status: Extended	07/05/2024		
Status: Extended	07/12/2024		

Status: Extended	07/19/2024
Status: Extended	07/26/2024
	08/02/2024

Anxiety - (Active)

Clinical: Treatment Plan	08/15/2024	Active	08/15/2024
Goal: Stabilize anxiety level while increasing ability to function on a daily basis.	05/24/2024	in progress	07/31/2024
Objective: Learn and implement calming skills to reduce overall anxiety and manage anxiety symptoms.	07/31/2024		
Intervention: Assign the client homework each session in which he/she practices relaxation exercises daily, gradually applying them progressively from non-anxiety-provoking to anxiety-provoking situations; review and reinforce success while providing corrective feedback toward improvement.	07/31/2024		
Status: Open	07/31/2024		
Status: Extended	05/31/2024		
Status: Extended	06/07/2024		
Status: Extended	06/14/2024		
Status: Extended	06/21/2024		
Status: Extended	06/28/2024		
Status: Extended	07/05/2024		
Status: Extended	07/12/2024		
Status: Extended	07/19/2024		
Status: Extended	07/26/2024		
	08/02/2024		
Intervention: Teach the client relaxation skills (e.g., progressive muscle, guided imagery, slow diaphragmatic breathing) and how to discriminate better between relaxation and tension; teach the client how to apply these skills to his/her daily life (e.g., New Directions in Progressive Muscle Relaxation by Bernstein, Borkovec, and Hazlett-Stevens; Treating GAD by Rygh and Sanderson).			
Status: Open	07/31/2024		
Status: Extended	05/31/2024		
Status: Extended	06/07/2024		
Status: Extended	06/14/2024		
Status: Extended	06/21/2024		
Status: Extended	06/28/2024		
Status: Extended	07/05/2024		
Status: Extended	07/12/2024		
Status: Extended	07/19/2024		
Status: Extended	07/26/2024		
	08/02/2024		

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

Insurance Information

Insurance	Policy No.	Effective Date	Termination Date	Status	Insurance Type/Priority
Blue Cross Blue Shield of Oklahoma	YUQ94721873			Active	Primary
Internal ID / External ID	Group Plan Name	Group ID	Plan Type	Payor Type	Insurance Phone
13123 /			PPO		
Rx Name	Rx Group	Rx BIN	Rx PCN	Rx Phone	Plan Period

Claims

Street Address 1	Street Address 2	Claims Fax
City	State	ZIP Code
		Country
		United States
Subscriber	Relationship of Patient to Subscriber	SSN
LeQuion Ulrich	Child	
Subscriber Address Street	Subscriber Address Street 2	DOB
4238 NE 1st St		06/03/1975
Subscriber Address Zip	Subscriber Address State	Gender
74361	OK	Male
		Subscriber City
		Pryor
		Subscriber Address Country
		United States

Vital Signs

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Date	Blood Pressure Systolic	Blood Pressure Diastolic	Temperature	Oxygen Saturation	Pulse	Respiration	Comments	Logged By	Logged At
05/23/24 01:56 PM PDT	115	85	98.0	99	88	18		Leslie Langley, Doctor	07/26/24 08:56 AM PDT

Glucose Logs

No records available.

Weights

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Date	Height (in)	Weight (lbs)	BMI	Logged By	Logged At
05/23/2024 02:33 PM	5' 11"	185	25.80	Leslie Langley, Doctor	08/08/2024 05:49 AM

Heights

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Date	Height	Logged By	Logged At
05/23/2024 02:33 PM	5' 11"	Leslie Langley, Doctor	08/08/2024 05:49 AM

Orthostatic Vital Signs

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

		Lying	Sitting	Standing				
Date	BP	HR	BP	HR	BP	HR	Resp.	Temp. O2 Comments Logged At Logged By

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

CIWA-Ar

No CIWA-Ar assessment logged

CIWA-B

No CIWA-B assessment logged

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

COWS

No COWS assessment logged

Medications Brought In

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US &
Canada)

No Medications Brought In Logged.

Pedro Gonzalez MR SIR2024-135 DOB: 12/11/2001 Male Blue Cross Blue Shield of Oklahoma F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,F10.20 Alcohol use disorder, Severe,F41.1 Generalized anxiety disorder

Rounds

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

MAT Orders

Pedro Gonzalez ♂ SIR2024-135

Birthdate: 12/11/2001

Allergies: No Known Allergies/NKA

Admission: 05/23/2024 Care Team

Location: Step Into Recovery Centers INC
(GMT-08:00) Pacific Time (US & Canada)

Current/Active Order *No Current/Active Order.*

Order History

Start Date	End Date	Phase	Order Type	Medication	Dose	Instructions	Ordered By	Entered By	Discontinued By	Status
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