Follman Agency

A treatment and assessment agency, certified by the State of Washington,
will prepare an Anger Management Assessment.

Anger Management Evaluation

1. I have had NO prior Assessment for this offense except as noted below:
   _____
2. I understand that failure to reveal prior evaluations and/or to give permission for exchange of information among evaluation agencies will prohibit the current agency from providing evaluative services necessary to prepare the Alcohol/Drug Assessment.
3. I voluntarily consent to receive services for treatment and I agree to fulfill my financial obligations.

Signed: _____ Date _____

Initials of evaluating counselor: _____ Date: _____

How did you hear about our agency? _____

Name			**Date**
Street Address			**Suite/Apt #**
City		**State**	**Zip Code**
Phone	**Email address**	**Age**	**Date of birth (m/d/y)**
Occupation/Job:			
Name of person with whom you live			**Relationship**
Name of person to call in an emergency		**Phone**	**Relationship**
Name of person completing this form (if not client)			
Name of referring or responsible physician/clinician			
Street Address			**Suite/Apt #**
City		**State**	**Zip Code**
Phone			

Check or circle those that apply

Race		
❑ *Caucasian*	❑ *African American*	❑ *Asian American*
❑ *Hispanic*	❑ *Native American*	❑ *Other*

Religion		
❑ *Protestant*	❑ *Catholic*	❑ *Jewish*
❑ *Muslim*	❑ *Hindu*	❑ *Other*

Residence		
❑ *House*	❑ *Apartment*	❑ *Room*
❑ *Dormitory*	❑ *Hotel*	❑ *Hospital*
❑ *Homeless*	❑ *Transitional Housing*	❑ *Other*

Marital Status		
❑ *Never Married*	❑ *Living Cooperatively*	❑ *Other*
❑ *Divorced* *How many times 1 2 3 Other*	❑ *Separated*	❑ *Widow/Widower*
❑ *Marriage Annulled*	❑ *Married, How many times 1 2 3 Other*	

Gender		
❑ *Male*	❑ *Female*	❑ *Other*
❑ *Transgender*	❑ *Prefer not to say*	❑ *Non-conforming*

Education		
❑ *High School Diploma*	❑ *College/University*	❑ *Graduate School*
Years completed *1 2 3 4*	*Years completed* *1 2 3 4*	*Years completed* *1 2 3 4*
❑ *6th Grade or Earlier* ❑ *7th Grade* ❑ *8th Grade*	*BA BS MA* *MS MBA PhD*	❑ *Other*

FOLLMAN AGENCY

RECORD OF AFFIRMATION OF ASSESSMENT INFORMATION VERACITY

I hereby affirm that the information I give, in both written and verbal forms, during this anger management evaluation is the full and complete truth to the best of my knowledge. I understand that if any information given by me is later found to be intentionally misleading or untrue, this evaluation and resulting recommendations and/or treatment plan are rendered invalid and the evaluation and/or treatment may be re-done.

This affirmation of veracity applies especially to information relating to my criminal, domestic abuse, and substance abuse histories.

Signed: _____ _____

Client date

_____ _____

Evaluating Counselor date

****

Financial Obligation

I, _____, hereby voluntarily consent to receive services for treatment as the Follman Agency, 910 S. Anacortes Street, Burlington, Washington. I agree to fulfill my financial obligations to the Follman Agency for the services based upon agreement between the Follman Agency and myself.

Signed: _____ _____

Client date

_____ _____

Evaluating Counselor date

Legal
It this assessment suggested by anyone connected to the legal system: ☐Yes ☐No
If yes, Whom
Court ordered Mental Health or Chemical Dependency treatment: ☐Yes ☐No
Currently under supervision of the Department of Corrections: ☐Yes ☐No
If yes, CCO Name:
There is a court order exempting the individual participant from reporting requirements: ☐Yes ☐No
If yes, a copy of the court order must be included in the record if the participant claims exemption from reporting requirements.

Legal			
Current Legal Charge:			
Court:			Case #
BAC:	Offense:		Date of Offense:
Probation Officer:			Contact:
Outstanding Warrants: ☐Yes ☐No If yes, what and when:			
Past Convictions: ☐Yes ☐No			
Charge	**Date of Charge**	**Court**	**Final Outcome**
Name of Attorney:		**Attorney's Contact:**	
Attorney's Address:			

Self and Family Illness History

Indicate S=self, F=family, or B=both if there is any history in your family of:						
	Diabetes		Obesity		Allergies	
	Gout		High blood fats		Stroke	
	Cancer of _____		Heart trouble		Alcoholism	
	Sleep disorder		Fatty liver		Anemia	
	Chronic depression		Ulcers		Recurrent trauma	
	Digestive illness		Peripheral neuropathy		Seizures	
	Esophageal reflux		cirrhosis		Fainting	
	Headache or Migraine		Heartburn or gastritis		Hepatitis	
	Night sweats		Numbness in fingers or toes		Recurrent diarrhea	
	Shaking		Weight loss or gain		TB	

Statement of Present Health

Your statement of present health: **Excellent** **Good** **Fair/Poor** (explain) Please explain: _____	
Are you experiencing any sleep difficulties? **No** **Yes** (specify) Mild Moderate Severe Please explain: _____ _____	
Do you take nonprescription drugs routinely? **No** **Yes** (specify) Please specify: _____	
Do you take prescription drugs routinely? **No** **Yes** (specify) Please specify: _____	
Do you exercise regularly? **No** **Yes** If so, how often?	
When was the last time you visited a physician? **Date**	
Is there any likelihood of a current pregnancy? **No** **Yes**	
Are you under the care of a physician now? **No** **Yes** (specify) Please specify: _____	
What is your: Height _____ Weight _____ Usual blood pressure high low normal (circle one)	
History of surgery: Type(s)_____Date(s)_____	

Name **Date**

_____ _____

revised 3-17-21

MENTAL HEALTH

Are you currently receiving services as a mental health center or seeing a private practitioner? Y N
If Yes, where and when? _____

Have you ever received mental health counseling or psychiatric treatment? Y N
If yes, where and when? _____

Are you currently using medications for mental health reasons? Y N
If yes, What? _____

Is there a family history of mental illness? Y N
If yes, Please explain: _____

Have you had a significant period (not the direct result of alcohol/drug use) where you experienced any of the following? (check all boxes that apply)

	Anxiousness		Sleep Disturbances		Phobias/Paranoia/ delusions		Anorexia
	Bulimia		Hallucinations		Serious Depression		Hostility/Violence
	Referral to Mental Health		Grief and Loss Issues		Inability to Comprehend		Loss of Appetite
	Hopelessness		Moodiness		Feeling Withdrawn		Decreased Energy
	Self-destructive Thoughts/or Self Harm		Giving Away Valuable Possessions		Sleeplessness		Taking Unnecessary Risks

Have you ever attempted suicide? Y N
If yes, when and where?

Do you have suicidal thoughts? Y N
If yes, explain most recent thoughts. _____

Is there any kind of physical, emotional, or sexual abuse where you live? Y N
If yes, please explain. _____

Are you at risk of being abused? Y N
If yes, please explain.

Have you ever been abused physically, emotionally, or sexually? Y N
If yes, please explain. _____

Do you have a history of violence toward others? Y N
If yes, please explain. _____

Name_____ **Date** _____ **revised 3-20-21**

ALCOHOL AND DRUG USE HISTORY

Check All Drugs Used	Age at First Use	Age When Regular Use Began	Average Number of Times Used Each Week	Average Amount Used Each Time	Usual Way Used (Oral, Smoked, IV, Snorted or IM)	Date of Last Use	Period of Heaviest Use
Caffeine							
Nicotine							
Beer							
Wine							
Liquor							
Marijuana							
Cocaine							
Amphetamines							
Tranquilizers							
Opiates							
Hallucinogens							
Inhalants							
Steroids							
OTC							
Other Substances							

Name_____ **Date**_____ **revised 9-7-20**

PROFILE:

Do you know how to use guns?_____

Do you currently possess any weapons? ☐No ☐Yes

If so describe:_____

Have you ever thought about killing someone? ☐No ☐Yes

If so describe:_____

Have you ever been a victim of physical or sexual abuse or neglect? ☐No ☐Yes

If ***yes***, please describe:_____
_____
_____

Have you ever feared for your life? ☐No ☐Yes

If ***yes,*** please describe:_____
_____

How did your parents discipline you as a child?_____
_____
_____

Did any of your parents have problems with alcohol or illegal drugs?_____
_____

How did you parents deal with conflict with each other when you were a child?_____
_____
_____

What would you want to work on if you were in counseling right now?_____
_____

Were you ever exposed to domestic violence as a child? Yes or No

Did your father shame you? Yes or No

How would you describe your relationship with your mother? _____

What was the role of alcohol or other drugs in the incident? ***Check those that apply:***

❒ Caused incident ❒ Both parties under the influence ❒ I was under the influence

❒ Victim was under the influence ❒ Not a factor

Are you more likely to be involved in an abusive situation when you drink? Yes☐ No☐

Please check those kinds of abuse you have engaged in the last 2 years with your partner and/or children?

a) physical
b) sexual
c) destruction/property/pets
d) psychological abuse
e) none of the above

How often are you physically abusive with your primary relationship? ***Please choose one:***

0	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Never Once		a few times per year	monthly	weekly	2-3 times weekly	4-5 times per week	daily

Have you ever been evaluated or treated for alcohol/drug use?_☐No ☐Yes

If ***yes***, where and when?_____

_____

Would you be willing to totally abstain from alcohol and illegal drugs if you do treatment/counseling here? ☐No ☐Yes

If **NO**, Please explain:_____

Check the box on the left for each behavior that happened to you in the relationship that this incident happened in. Check box on the right for each behavior you did to your partner during the relationship.

Example:	☑ ☐ Left Box: Other person did to you during relationship	☐ ☑ Right Box: You did to other person during relationship.

PHYSICAL ABUSE

☐	☐	Scratch
☐	☐	Pinch
☐	☐	Pull Hair
☐	☐	Deny Physical Needs
☐	☐	Grab
☐	☐	Push/Shove
☐	☐	Slap
☐	☐	Bite
☐	☐	Twist Limbs
☐	☐	Bruise
☐	☐	Punch
☐	☐	Throw Objects
☐	☐	Used as a Target
☐	☐	Kick
☐	☐	Thrown
☐	☐	Forced Ingestion of Alcohol/Drugs
☐	☐	Deny Medical Attention
☐	☐	Choke
☐	☐	Beating
☐	☐	Poison
☐	☐	Use Weapons

PSYCHOLOGICAL ABUSE

☐	☐	Demeaning Jokes
☐	☐	Silent Treatment
☐	☐	Put Downs
☐	☐	Insults
☐	☐	Ignore Feelings
☐	☐	Yelling/Screaming
☐	☐	Invasion of Partner's Privacy
☐	☐	Breaking Objects, Punching Walls
☐	☐	Blaming
☐	☐	Monitoring Activities
☐	☐	Jealousy
☐	☐	Threats
☐	☐	Isolation
☐	☐	Sleep Deprivation
☐	☐	Humiliation
☐	☐	Affairs
☐	☐	Label Crazy/"Sick"
☐	☐	Harming Pets, Prized Possessions
☐	☐	Threaten Homicide, Suicide

SEXUAL ABUSE

☐	☐	Crude Sexual Jokes
☐	☐	Demeaning Comments
☐	☐	Treat Like Sex Objects
☐	☐	Unwanted Touching
☐	☐	Requiring Sex as Duty
☐	☐	Withhold Sex as Punishment
☐	☐	Promiscuous in Front of Partner
☐	☐	Control Contraceptives
☐	☐	Forcing Sex during Illness
☐	☐	Forcing Partner to Have Sex with Others
☐	☐	Sex After Violence-"Please Forgive Me"
☐	☐	Rape
☐	☐	Beat After Sexual Intimacy
☐	☐	Using Sex to Injure

FOLLMAN AGENCY

910 S. Anacortes Street, Burlington, WA 98233
(360) 755-1125 ◆Fax (360) 757-1125

CONFIDENTIAL REPORT
ANGER MANAGEMENT PROGRAM

Please describe in your own words the incident. Be specific in regard to names and locations. If children were present include this information and their roles. Please describe the incident, especially physical contact, not reasons, causes or excuses for the incident!

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

What kinds of abuse or violence were you responsible for in this incident? Circle all that apply:
Verbal Physical Threats Sexual Emotional Other_____

How do you feel about your current situation?

a) excellent b) good c) fair d) depressing

Were you physically abused as a child or youth? ☐Yes ☐No

How long has there been abuse or violence in your relationship with the victim?_____

How many times have you been cited by law enforcement officers for abuse or violence?_____

Do you think you were guilty of the offense as charged? ☐Yes ☐No

FOLLMAN AGENCY

910 S ANACORTES ST, WA 98233
(360) 755-1125 FAX (360)757-1125

MISSION STATEMENT

Follman Agency's mission is to work cooperatively to end violence in Skagit County through education, empowerment, advocacy, counseling, and support.

PHILOSOPHY STATEMENT

We are dedicated to the belief that no one deserves to be abused. All people have the right to live a life **FREE** from violence -- either physical, emotional, mental, or sexual. We believe violence is a community problem with a community solution. We are committed to work together with **ALL** services, systems, and individuals to **STOP** violence and create a climate of accountability.

Services are provided to all people regardless of gender, sexual orientation, ethnic heritage, physical/development or cognitive disabilities.

STATEMENT OF CONFIDENTIALITY

As a participant in the Anger Management Accountability Program, I understand and agree that:

1. The staff of the Follman Agency and Anger Management Accountability Program will keep confidential any and all information concerning my participation in the program, and that confidentially will be broken only if:

   A. Reason to reasonably suspect physical, sexual or other child abuse is taking place, in which case Child Protective Services (CPS) will be notified.

   B. Reason to suspect imminent danger to others or myself is present, in which case appropriate sources of help will be notified.

   C. Staff members of the Follman Agency are required to appear in court and are ordered by the presiding judge to answer questions directed to them, in which case they will answer the questions.

   D. Reason to believe an unreported crime has been committed especially violation of a No Contact Order, Protection Order, or Restraining Order.

2. I will keep confidential any and all personal information, including names of the class and group members, revealed in the class or group, subject to the same exceptions listed above.

3. Safety checks will be made when appropriate with my spouse or other significant persons in my life, and that any and all personal information gathered during the safety checks will be held confidential, subject to the same exception listed above. A phone call and/or letter about our services may be used to contact to your partner or spouse. Further, no confidential personal information about me will be passed to my spouse or significant other people during the safety checks.

SIGNATURE:_____ ***DATE:***_____

NAME:_____ ***WITNESS:***_____

Hostility Inventory

By Arnold H. Buss and Ann Durkee

Use the answer sheet for recording your answers to the sixty-six statements listed below and on the next page. Decide if each of the statements is true (T) or false (F) as it pertains to you and record your response on the appropriate line on the answer sheet.

1. Unless somebody asks me in a nice way, I won't do what they want.
2. I don't seem to get what I deserve.
3. I sometimes spread gossip about people I don't like.
4. Once in a while I cannot control my urge to harm others.
5. I know that people tend to talk about me behind my back.
6. I lose my temper easily but get over it quickly.
7. When I disapprove of my friends' behavior, I let them know it.
8. When someone makes a rule I don't like, I am tempted to break it.
9. Other people always seem to get what they want without even trying.
10. I never get mad enough to throw things.
11. I can think of no good reason for ever hitting anyone.
12. I tend to be on my guard with people who are somewhat friendlier than I expected.
13. I am always patient with others.
14. I often find myself disagreeing with people.
15. When someone is bossy, I do the opposite of what he asks.
16. When I look back on what's happened to me, I can't help feeling mildly resentful.
17. When I am mad, I sometimes slam doors.
18. If somebody hits me first, I hit them back.
19. There are a number of people who seem to dislike me very much.
20. I am irritated a great deal more than people are aware of.
21. I can't help getting into arguments with people when they disagree with me.
22. When people are bossy, I refuse to cooperate.
23. Almost every week I see someone I dislike.
24. I never play practical jokes.
25. Whoever insults me or my family is asking for a fight.
26. There are a number of people who seem to be jealous of me.
27. It makes my blood boil to have somebody make fun of me.
28. I demand that people respect my rights.
29. Occasionally when I am mad at someone I will give him the "silent treatment."
30. Although I don't show it, I am sometimes overcome with jealousy.
31. When I am angry, I sometimes sulk.
32. People who continually annoy me are asking for a punch.
33. I sometimes have the feeling that others are laughing at me.
34. If someone doesn't treat me right, I don't let it annoy me.
35. Even when I'm angry, I don't use obscenities.
36. I don't know any people that I downright hate.

37. I sometimes sulk when I don't get my own way.
38. I rarely strike back, even if someone hits me first.
39. My motto is "Never trust strangers."
40. Sometimes people bother me by just being around.
41. If somebody annoys me, I am likely to tell him what I think of him.
42. If I let people see the way I feel, I'd be considered a hard person to get along with.
43. Since the age of ten, I have never had a temper tantrum.
44. When I really lose my temper, I am capable of hitting someone.
45. I commonly wonder what hidden reason another person may have for doing something nice for me.
46. I often feel like a powder keg ready to explode.
47. When people yell at me, I yell back.
48. At times I feel like life has treated me unfairly.
49. I can remember being so angry that I picked up the nearest thing and broke it.
50. I get into fights about as often as the next person.
51. I used to think that most people told the truth but now I know otherwise.
52. I sometimes carry a chip on my shoulder (to carry a chip on one's shoulder is to feel so inferior or badly treated that one acts in an oversensitive and resentful manner).
53. When I get mad, I say nasty things.
54. I sometimes act out when I am angry.
55. If I have to resort to physical violence to defend my rights, I will.
56. I have no enemies who really wish to harm me.
57. I can't help being a little rude to people I don't like.
58. I could not tell someone off even if he deserved it.
59. I have known people who pushed me so far that we got into a physical fight.
60. I rarely feel that people are trying to anger or insult me.
61. I don't let a lot of unimportant things irritate me.
62. I often make threats I don't really mean to carry out.
63. Lately, I have been kind of grouchy.
64. When arguing, I tend to raise my voice.
65. I generally cover up my poor opinion of others.
66. I would rather give in than get into an argument about something.

NAME: _____

DATE: _____

HOSTILITY INVENTORY

ANSWER SHEET

OVERALL TOTAL SCORE

NE	RE	IN	AS	SU	IR	VE
1. _____	2. _____	3. _____	4. _____	5. _____	6. _____	7. _____
8. _____	9. _____	10. _____	11. _____	12. _____	13. _____	14. _____
15. _____	16. _____	17. _____	18. _____	19. _____	20. _____	21. _____
22. _____	23. _____	24. _____	25. _____	26. _____	27. _____	28. _____
29. _____	30. _____	31. _____	32. _____	33. _____	34. _____	35. _____
	36. _____	37. _____	38. _____	39. _____	40. _____	41. _____
	42. _____	43. _____	44. _____	45. _____	46. _____	47. _____
	48. _____	49. _____	50. _____	51. _____	52. _____	53. _____
		54. _____	55. _____	56. _____	57. _____	58. _____
			59. _____	60. _____	61. _____	62. _____
					63. _____	64. _____
						65. _____
						66. _____

NOTICE OF PRIVACY PRACTICES

FOLLMAN AGENCY 910 S. ANACORTES STREET, BURLINGTON, WA, 98233

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

As part of our professional practice, we maintain personal information about you and your health. State and federal law protects such information by limiting its uses and disclosures. **Protected Health Information (PHI)** is information about you, including demographic information, that may identify you or be used to identify you. PHI relates to your past, present, and future physical, mental or health or conditions, the provision of health care, services, or the past, present and future payment for the provision of health care.

Your Rights Regarding Your PHI

The following are your rights regarding PHI we maintain about you:

- **Right to Access to Inspect and Copy**. You have the right, which may be restricted only in certain limited circumstances, to inspect and copy your PHI that we maintain. We may charge a reasonable, cost-based fee for copies
- **Right to Amend**. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information, although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request a copy of the required accounting of disclosures we make of your PHI.
- **Right to Request Restrictions.** You have the right to request a restricting or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request.
- **Right to Request Confidential Communication**. You have the right to request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests and will not as why you are making the request.
- **Right to a Copy of this Notice.** You have the right to a paper copy of this notice.
- **Right of Complaint.** You have the right to file a complaint in writing with us or with the Secretary of Health and Human Services if you believe we have violated your privacy rights. We will not retaliate against you for filing a complaint.

Our Use and Disclosures of PHI for Treatment, Payment and Health Care Operations

- **Treatment.** We may use your PHI for the purpose of providing you with health care treatment. To coordinate and manage your care, we may disclose your PHI to other current providers, and to the extent you have not raised an objection in writing, to your prior providers or other persons, including family members, involved in your care.
- **Payment.** We may use your PHI in connection with billing statements we send you and our system for tracking charges and credits to your account. In addition, but with your authorization, we may disclose your PHI to third party payers to obtain information concerning benefit eligibility, coverage, and remaining availability, as well as to submit claims for payment and to disclose PHI for medical necessity and quality assurance review.
- **Health Care Operations.** We may use and disclose your PHI for the Health Care Operations of our professional practice in support of the functions of treatment and payments. Such disclosures would be to Business Associates for health care education, or to provide planning, quality assurance, peer review, administrative, legal or financial services to assist us in our delivery of your health care.

Other Uses and Disclosures that Do Not Require Your Authorization or Opportunity to Object Required by Law

We may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and

limited to the relevant requirements of the law. Examples are: public health reports, abuse and neglect reports, law enforcement reports, and reports to coroners and medical examiners in connection with investigations of death. We also make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

- **Health Oversight.** We may disclose your PHI to a health oversight agency for activities authorized by law, such as our professional licensure. Oversight agencies also include government agencies and organizations that audit their provision of financial assistance to us (such as third-party payers).

- **Threat to Health or Safety.** We may disclose your PHI when necessary to minimize an imminent danger to health or safety of you or any other individual.

- **Appointment Reminders.** We may disclose your PHI contact you to remind you of your appointment with us.

- **Business Associated.** We may disclose your PHI to Business Associates that are contracted by us to perform health care operations or payment activities on our behalf which may involve their collection, and use or disclosure of your PHI. Our contact with them must require them to safeguard the privacy of your PHI.

Compulsory Process

We will disclose your PHI if a court of competent jurisdiction issues an appropriate order. We will also disclose your PHI if:

- We and you have each been notified in writing at least 14 days in advance of a subpoena or other legal demand, identifying the PHI sought, and the date by which a protective order must be obtained to avoid our compliance.

- No qualified judicial or administrative proactive order has been obtained.

- We have received satisfactory assurances that your received notice of an opportunity to have limited or quashed the discovery demand, and such time has elapsed.

Use and Disclosures of PHI with Your Written Authorization

We will make other uses and disclosures of your PHI only with your written authorization. You may revoke this authorization in writing at any time, unless we have taken a substantial action in reliance on the authorization such as providing you with health care services for which we must submit subsequent claim(s) for payment.

This Notice

This notice of Privacy Practices informs you how we may use and disclose your PHI and your rights regarding PHI. We are required by law to maintain the privacy of your PHI and to provide you with notice of your legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of the Notice. We reserve the right to change the terms of our Notice at any time. Practices will be effective for all PHI that we maintain at that time. We will make available a revised Notice by providing a copy upon request, or at our next appointment. **If you have questions about this Notice of Privacy Practices, please contact our Privacy Officer. Kathy Follman, Follman Agency, 910 S. Anacortes Street, Burlington, WA 98233 (360) 755-1125.**

Complaints

If you believe we have violated your privacy rights, you may file a complaint in writing to us, as specified on the first page of this No tice. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

Acknowledgment

I hereby acknowledge reviewing and receiving a copy of this notice.

_____ _____

(Client Signature) (Date)

Gambling Supplemental Questions Form

1. In the last twelve months:

Have there been periods when you needed to gamble with increasing amount of money or with larger bets than before to get the same feeling of excitement?

Yes _____ No _____

Have you continued to gamble despite adverse consequences that have affected your finances, family relationships, work, or other parts of your life?

Yes _____ No _____

Have you lied to family members, friends, or others about how much you gamble?

Yes _____ No _____

Have there been periods lasting two weeks or longer when you spent a lot of time thinking about your gambling experiences or planning future gambling ventures or bets?

Yes _____ No _____

Have you tried but not succeeded in stopping, cutting down, or controlling your gambling behavior?

Yes _____ No _____

2. In the last twelve months:

Have you contemplated or attempted suicide?

Yes _____ No _____

Have you contemplated or attempted to do physical harm to another person?

Yes _____ No _____

3. In the past 30 days, how many days have you played (enter quantity):

Bingo _____
Internet gambling _____
Card Games (non-Casino) _____
Casino table games _____
Dice games, dominoes _____
Horses, dogs _____
Sports _____

Gambling and substance use in the same day _____
Bowl, pool, golf, or other games of skill _____
Lottery, numbers, instant tickets (scratch-offs) ____
Other forms of gambling _____
Play slots, poker machines, video lottery terminals _
Gambling more than you can afford _____
Stock options, commodities _____

4. In the past 30 days:
How much money would you say you spent per week on gambling? $_____
Number of gambling episodes per week _____

Name: _____ Date:_____

Toronto Empathy Questionnaire

Below is a list of statements. Please read each statement carefully and rate how frequently you feel or act in the manner described. Circle your answer on the response form. There are no right or wrong answers or trick questions. Please answer each question as honestly as you can.

		Never	Rarely	Sometimes	Often	Always
1.	When someone else is feeling excited, I tend to get excited too	0	1	2	3	4
2.	Other people's misfortunes do not disturb me a great deal	0	1	2	3	4
3.	It upsets me to see someone being treated disrespectfully	0	1	2	3	4
4.	I remain unaffected when someone close to me is happy	0	1	2	3	4
5.	I enjoy making other people feel better	0	1	2	3	4
6.	I have tender, concerned feelings for people less fortunate than me	0	1	2	3	4
7.	When a friend starts to talk about his\her problems, I try to steer the conversation towards something else	0	1	2	3	4
8.	I can tell when others are sad even when they do not say anything	0	1	2	3	4
9.	I find that I am "in tune" with other people's moods	0	1	2	3	4
10.	I do not feel sympathy for people who cause their own serious illnesses	0	1	2	3	4
11.	I become irritated when someone cries	0	1	2	3	4
12.	I am not really interested in how other people feel	0	1	2	3	4
13.	I get a strong urge to help when I see someone who is upset	0	1	2	3	4
14.	When I see someone being treated unfairly, I do not feel very much pity for them	0	1	2	3	4
15.	I find it silly for people to cry out of happiness	0	1	2	3	4
16.	When I see someone being taken advantage of, I feel kind of protective towards him\her	0	1	2	3	4

Name: _____ Date:_____

Follman
Counseling Agency
A Treatment & Recovery Center

Anger Management Questionnaire

Page 1

1. How many times have you been arrested due to your anger? 1 - 2 - 3 – 4- 5 or more
2. Has anger caused problems in your relationships? Yes No
3. Have you ever lost a job because of your anger? Yes No
4. Have you ever been disciplined at work because of your anger? Yes No
5. Were you ever suspended from school for anger related issues? Yes No
6. Who taught you how to express your anger? Mother Father Sibling
   Other_____
7. How many times a day do you become angry? 1 2 3 4 5 6 7 8 9 10+
8. How long do you remain angry? Minutes Hours Days Other_____
9. How do you restrain your anger?
   _____
   _____
   _____
10. How do you know when to restrain your anger?
    _____
    _____
    _____
11. How do you express your anger?
    _____
    _____
    _____
12. What triggers your anger?
    _____
    _____
    _____

Anger Management Questionnaire Page 2

13. How would you rate the intensity of your anger? Mild Moderate Severe

14. Who do you tend to conflict with? Parent Spouse Supervisor Co-Worker
    Other_____
15. What do you tend to conflict over?

    _____
    _____
    _____

16. Where do you become angry most often? Home Work
    Other_____

17. Is there a particular time of day you tend to become angry?

    Morning Afternoon Evening

18. What do you attribute your anger to?

    _____
    _____
    _____

19. How do you cope with anger?

    _____
    _____
    _____

20. Do you think you have an anger problem? Yes No

21. Do you believe anger management treatment is necessary? Yes No

If additional information arises where this Evaluation changes to a Child Custody Evaluation, additional charges will apply. Follman Agency's private pay rate for a Child Custody Evaluation is $750.00. Child Custody Evaluations are not billed to an Insurance Company. Payment is expected in full before the Evaluation is sent to the appropriate Courts/Attorney/Probation Officer/ Child Protection Services and/or Guardian Ad Litem. By signing below, I agree I have read this clause and understand payment will be due in full.

_____ _____

Patient Signature Date

_____

Patient Printed Name