

Pinnacle Behavioral Health
20915 Ashburn Rd., Suite 200
Ashburn, VA 20147

In-Take Registration

INTAKE INFORMATION

SECTION 1: Demographic & Background Information

Client's Name _____ Date _____

Telephone: Home _____ Work _____ Cell _____

**** If you do not want messages left on any of these telephone numbers, please circle the number.***

Client's Email: _____

Address _____ City _____ State _____ Zip _____

Age _____ Date of Birth _____ Sex _____ Marital Status _____

Social Security # _____ Are you a US military veteran? Yes No

SECTION 2: Employment:

Are you currently employed? Yes No

If yes: Employer Name _____ Employer Phone: _____

Employer Address: _____

How well do you function at work? Very poorly Not so well Okay Excellently

Are you satisfied with your current employment status? Yes No

SECTION 3: Partnership/Marital Relationship(s):

Spouse/Partner's name: _____ Date of birth: _____

Are you currently: single dating casually dating one person married
 separated divorced living with

If the victim was other than your spouse/partner, what relationship to you? _____

Victim's address: _____ City: _____ State: _____

Zip: _____ Ethnicity or race: _____ Home Phone: _____

Work phone: _____ How long have you been in this relationship? _____

Household Members & Children - please list all members of your household and include all children.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have children that live elsewhere? Yes No If yes, how many? _____
If yes, where do they live (City, State)? _____

ASSESSMENT

SECTION 1: Law Enforcement/Court Involvement

Have the police been called to your home because of a violent incident with the above named victim? Yes No If yes, how many times? _____

Were you arrested for the most recent incident listed above: Yes No In no, were you given a ticket? Yes No

Have you been arrested in the past for a violent crime? Yes No

Are you on probation? Yes No If yes, How long is your probation? (in months) _____
Probation Officer name: _____

What are your probation conditions? Domestic Violence Intervention program Stay away from victim Fine Abstain from alcohol Chemical dependency/alcohol evaluation No same or similar offenses Other _____

SECTION 2: Protective Orders

Is there an Order For Protection (OFP) against you? Yes No

If yes, date of order: ____/____/____ Length of order: _____ Judge: _____

Conditions of the order? Domestic Abuse Intervention Program Excluded from residence No contact Contact only for visitation Use the visitation center Supervised visitation Parenting group Chemical dependency/alcohol evaluation No further abuse Other _____

SECTION 3: Relationship History

Have you been involved with a Domestic Violence Intervention project before? Yes___ No___

Describe your most recent violent episode. _____

Following are some behaviors that many batterers admit to using in relationships. Have you ever used any of the following behaviors?

Physical abuse: Slapped Punched Kicked Pushed/shoved Choked Torn clothes Grabbed victim around neck Thrown something at victim Spit at victim Pulled hair Restrained victim

Intimidation: Frightened victim by certain looks, gestures or actions Screamed at victim Smashed things Destroyed property Displayed weapons Punched walls Victim has been afraid of you

Emotional Abuse: Put victim down Name calling Humiliation Made victim feel guilty Interrupted victim's eating or sleeping Accused victim of flirting or cheating on you Told victim he/she was a bad parent (or an irresponsible parent)

Isolation: Kept victim from going to the places he/she chooses; work, school, seeing family or friends Opened victim's mail Listened to victim's phone conversations Followed victim around Questioned victim about his/her whereabouts

Minimizing, Denying, Blaming: Made light of abuse Said it was victim's fault Said it didn't happen Blamed someone or something else

Using Children: Told children victim is not a good parent Threatened to take away the children Used children to deliver messages Used visitation to harass victim Told the children they didn't need to follow other parent's rules

Using Privilege: Treated victim like a servant Acted like the "master of the castle" Told victim what his/her role/job is Not done equal share of housework Not done fair share of child care Bossed victim around Made household rules without input Expected victim to be sexual whenever you want

Economic Abuse: Prevented victim from working outside the home Made victim ask for money Withheld information about the family income Kept the checkbook from victim Made major financial decisions without his/her input Not paid child support

Coercion and threats: Threatened to harm victim Tried to get him/her to drop charges or ORF Threatened to harm his/her family or friends Made him/her do something illegal

If answered yes to any of the above behaviors, please describe: _____

SECTION 4: Family History

Which members of your family were a source of hurt or pain to you and why? _____

When you were growing up, where did you hear or witness violence? (for example: home, school, boarding school, foster home, streets, correctional facility, treatment center, etc.) _____

Thinking about when you were a child, did you ever use violence against others?

In your family In your neighborhood On the street School Sports Gangs
 Other places _____ If yes, what type? _____

As an adult, have you ever used violence against others other than the current episode that has brought you to therapy?

Family of origin (parents, brothers, sisters) Your children On the street Friends
 Sports Other spouse/partner Other places _____

If yes to the previous two questions, please describe the violence you committed: _____

Please describe in detail the worst violence you have committed: _____

Have the following experiences ever happened in any of your present or past relationships:

Has anyone ever tried to get outside help because of abuse? Yes No

Have you ever hit, pushed or shoved a woman while she was pregnant or holding a child?
 Yes No

Has your partner ever received medical treatment as a result of your violence? Yes No

SECTION 5: Medical History

Primary Care Physician: Name _____ Telephone _____

Please list any current medical issues? _____

Please list information about your current medications below:

Medication Name	Dose	Purpose

SECTION 6: Areas of Concern

Please check the symptoms below that are currently an issue (C) or have been an issue in the past (P).

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Please share additional information regarding these items or add items not listed: _____

SECTION 7: Relationship Efforts

The following questions are to help you think about your attempts to have a good relationship with your partner. On a scale of 0 to 3, 0 = never, 1 = once, 2 = sometimes, 3 = often:

Try to remember how often you: _____ Discuss issues relatively calmly _____ Listen to your partner _____ Ask for partner's opinion _____ Talk through a disagreement _____ Apologize to your partner _____ Support partner's decision to do something for themselves _____ Leave the room to calm down when you felt yourself getting upset

In the past six months, has your relationship: Become more violent Stayed about the same level of violence Became less violent

Are you satisfied with the status of your current relationship? Why or why not? _____

Have you decided to stop using violence in the past? Yes No

What are some things you have done to avoid using violence? _____

What might happen if you don't stop using violence? Short term? _____

Long term? _____

What positive changes would you like to make for yourself? _____

SECTION 8: Substance Use:

Do you drink alcoholic beverages on a regular basis? Yes No

If yes, what is your preferred beverage(s)? _____

How many drinks do you have per day _____ or per week _____ or per month? _____

Are you concerned about the way you drink alcohol? Yes No

Is anyone close to you concerned about the way you drink alcohol? Yes No

Do you take any recreational drugs besides alcohol on a regular basis? Yes No

If yes, what recreational drugs do you take? _____

How often do you take recreational drugs? _____

Are you concerned about your use of recreational drugs? Yes No

Is anyone close to you concerned about your use of recreational drugs? Yes No

Does anyone in your family have a history of alcohol/drug abuse/dependence? Yes No

If yes, what relationship does this person(s) have to you? _____

Do you smoke cigarettes? Yes No If yes, how many packs do you smoke a day? _____

Do you drink caffeinated beverages? Yes No If yes, how many 12 ounce cups do you drink daily? Coffee_____ Soda_____

Do you feel that your substance use/abuse is related in any way to your violent behavior? Why or why not? _____

SECTION 9: Spirituality:

How important is spirituality/religion to you? _____

Are you currently a member of a religion? Yes No If yes, which one? _____

Consent to Release/Request Confidential Information
Pinnacle Behavioral Health

20915 Ashburn Rd., Suite 200
Ashburn, VA 20147

I _____ (Patient Name) hereby authorize
_____ (Clinician Name) and staff at Pinnacle Behavioral Health/Pinnacle Psychological Associates, to talk with and/or release written documentation (including transmittal by fax, personal conversation, and or written document) to Loudoun County Community Corrections Probation Officer and other staff:

Name _____

Address 107 Loudoun Street, S.E. Leesburg, VA 20175 Phone Number 703-777-0207

Information to be disclosed to include (please check each box below):

- Date of contact by phone
- Date of initial In-Take
- Group start date
- Attendance and summary of participation in group
- Completion date and assignment or termination from group
- Disclosure that would put the partner/victim at risk for harm

I understand that Federal law and regulations do not protect any information about suspected child or elder abuse, or harm to self or others from being reported under State law to appropriate state or local authorities.

I understand that my records are protected under Federal Regulation 42 CFR and regulations governing records relating to Alcohol and Drug Abuse, and cannot be re-disclosed without written consent, except as specifically stated by law. I also understand that I may revoke this consent at any time except to the extent that action has been taken or in the event of expiration. This authorization expires one year from today's date.

I have read the above CONSENT AND RELEASE and agree to its content:

Signature: _____ Date: _____

Witness Signature: _____ Date: _____



Pinnacle Behavioral Health

Pinnacle Behavioral Health, PLC
20915 Ashburn Rd., Suite 200
Ashburn, VA 20147
703-665-0949

Sliding Fee Schedule

In-Take No Show or Less Than 24 Hour Cancellation - \$75 Fee

Income	Initial In-Take	Group Session Fee
\$100,000 +	\$125	\$50
\$75,000 - 99,999	\$125	\$40
\$50,000. – 75,000.	\$100	\$35
\$25,000. – 49,999.	\$85	\$30
Under \$24,999	\$75	\$25

* Fee schedule is based on total household annual income. The two most recent pay stubs are required for household members. For self employed, the prior year front page of your tax statement is required.

Our Agreement

I, the client attest that my current annual **HOUSEHOLD INCOME** is _____.

I, the client agree to immediately notify Pinnacle Behavioral Health if my total household income changes.

Signature of Client

Date

Signature of Witness

Date