

**PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES**  
Initial Determination

Patient Name:	Patient ID #:
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**Initial Determination**

This individual appears to be in need of Problem Gambling Outpatient Treatment services.

Yes    No\*

This individual appears to be free of infectious disease which can be a danger to others.

Yes    No\*

This individual appears to be not in need of acute hospital care, acute psychiatric care or other intensive services which cannot be provided in conjunction with outpatient care or would prevent him/her from participating in a problem gambling service.

Yes    No\*

**\*If no, make appropriate referral.**

If this person is not admitted, it is for the following reason(s) <i>(include referral to a more appropriate service, if applicable)</i> :

SIGNATURE OF CLINICAL STAFF MEMBER	DATE
SUPERVISING QUALIFIED PROBLEM GAMBLING PROFESSIONAL <i>(If above is not a Qualified Problem Gambling Professional)</i>	DATE