

**PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES  
UPDATE OF COMPREHENSIVE EVALUATION**

PATIENT NAME:	DATE OF ADMISSION	PATIENT ID #
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**UPDATED COMPREHENSIVE EVALUATION AREAS**

GAMBLING:

SUICIDAL / HOMICIDAL / MENTAL HEALTH / EMOTIONAL HEALTH:

FINANCIAL STATUS:

LEGAL INVOLVEMENT:

VOCATIONAL / EDUCATIONAL / EMPLOYMENT:

FAMILY:

HOUSING:

**PART 857 PROBLEM GAMBLING OUTPATIENT SERVICES  
UPDATE OF COMPREHENSIVE EVALUATION (CONT'D)**

PATIENT NAME	PATIENT ID #
SOCIAL / LEISURE / RECOVERY:	
ACTIVITIES OF DAILY LIVING:	
MEDICAL / HEALTH / HIV and AIDS; TB, HEPATITIS, OTHER COMMUNICABLE DISEASE RISK ASSESSMENT:	
CHEMICAL USE, ABUSE, AND DEPENDENCE HISTORY INCLUDING TOBACCO:	
OTHER:	

**DSM IV DIAGNOSES**

<b>AXIS I:</b>	<b>AXIS II:</b>
<b>I:</b>	<b>III:</b> <i>(if applicable)</i>
<b>I:</b> Axis I co-occurring mental health disorder <i>(if applicable)</i>	<b>IV:</b> <i>(if applicable)</i>
<b>I:</b> Axis I co-occurring mental health disorder <i>(if applicable)</i>	<b>V:</b> <i>(if applicable)</i>

<b>RESPONSIBLE CLINICAL STAFF MEMBER (Signature)</b>	<b>DATE</b>
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