



Callahan Counseling Services

1020 Winchester Ave
Martinsburg, WV 25401
(P) 304-886-4118
(F) 304-579-8606

Charles Town, WV 25414

CallahanPLLC@aol.com

Today's Date: _____

www.Callahancounselingservices.com

CLIENT INFORMATION

Patient's Last Name		First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital Status		<input type="checkbox"/> Sgl <input type="checkbox"/> Sep	<input type="checkbox"/> Mar <input type="checkbox"/> Wid	<input type="checkbox"/> Div
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is your legal name? (Former or Maiden Name)		Birth Date		Age		Gender <input type="checkbox"/> M <input type="checkbox"/> F		
Street Address				Social Security #		Phone No.		Can a message be left Y N ()		
P.O. Box		City		State		Zip		County ()		
Occupation		Employer				Employer Phone No. ()				

Email:

Chose Callahan Counseling Services Because/Referred by Dr. _____ Attorney _____
 Family Friend Close to Home/Work Yellow Pages Other _____

Other Family Members Seen here _____

MILITARY Yes / No **Highest Grade Completed** _____ **Current Income (for demographics only)** _____

DUI ARREST INFORMATION

Place of Arrest		Arrest Date	Have you ever been charged with a DUI/DWI or any other alcohol related offense in this state or any other state that was dropped to a lower charge such as reckless driving? If Yes, where: _____		
BAC at time of arrest					
LICENSE NUMBER	Issuing State	DMV FILE NUMBER		Total Number of DUIs in Lifetime.	

CURRENT DRINKING PATTERNS:

No use in past 30 Days 1 to 2 times in past 30 days
 3 to 4 times in past 30 days 5 or more times in past 30 days
 1 to 3 times in past week Daily

Have you ever been enrolled in the WV DUI Safety and Treatment Program?
 If yes, Where _____ When _____
 Completed? _____

IN CASE OF EMERGENCY

Name of Local Friend or Relative	Relationship to client	Home Phone No. ()	Work Phone No. ()
----------------------------------	------------------------	-----------------------	-----------------------

The above information is true to the best of my knowledge.
 IF at any time, I use my insurance for portions of DUI Program that accepts my insurance, I give permission to process claims IAW Callahan Counseling Services Policies regarding Insurance claims.

X

CLIENT SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____

Agreement of Understanding of the West Virginia DUI Safety and Treatment Program and Fees Please Read Carefully

REGISTRATION

An enrollment fee of FOUR HUNDRED & THIRTY dollars (\$430.00) cash or money order made payable to Callahan, PLLC is required for enrollment into the WV DUI Safety and Treatment Program. This registration fee covers the cost of the following services:

- Enrollment Interview/Drug Screen and Responsible Decisions Work Book. If lost or stolen, an additional \$ 10.00 replacement fee will be charged.
- Educational Component (18 hours of Education) Six-week Program
- A Substance Abuse evaluation for intervention groups is necessary if, for example, you have had a high BAC at the time of your arrest, the DMV deems this offense a second or more, or if you refused the breathalyzer (Implied Consent). The fee is \$ 165.00 (Some insurances are accepted for this service, a co-pay & Preauthorization apply).

I also understand that my enrollment fee is nonrefundable in any part or under any circumstances.

ATTENDANCE

Each class of the WV DUI Safety and Treatment Program is mandatory and must be attended. I understand the following attendance policy:

- If **One** session is missed, for whatever reason, I understand that I will need to make up that missed class when it is available again.
- If **Two** sessions are missed, I will be required to repeat the entire Educational Component. (Some fees may apply).
- If **Three or more** sessions are missed, I understand that I will have to be re-assessed and pay a re-assessment fee of \$ 165.00.
- If no program activity for thirty days will also require a re-enrollment fee of \$ 165.00
- All programming must be completed within one year of date of enrollment or full enrollment may be necessary.

ALCOHOL & DRUG FREE PROGRAM

All participants enrolled in the WV DUI Safety and Treatment Program must abstain from all use of alcohol or other drugs. I understand that I may be required to submit to a breathalyzer and at least two drug screens at any time during the program. Failure to comply will result in a discharge from the program.

- Breathalyzer - Free SA Evaluation \$ 165.00 Drug Screens - \$ 20.00 Responsible Decisions Work Bk - \$ 10.00

I understand that a positive breathalyzer or drug screen may mean discharge from the program, with all pre-paid fees forfeited.

- Proof of participation letter - \$ 10.00 with at least 48 hours' notice. \$ 20.00 for expedited letters

ADDITIONAL PROGRAMING

The WV DUI Safety and Treatment Program is a **minimum** of six (6) weeks. This consists of the 18-hour Substance Abuse Educational Program meeting once a week for six weeks, each session is three hours. Additional programming, if necessary, will be discussed at the time of enrollment. **Some Insurances are accepted for these services. A co-pay and preauthorization may be required.**

- INTERVENTION COMPONENT – a series of one-hour groups that are started after successful completion of the 18 Hour Education. The fee for the Intervention sessions is \$ 50.00 per session.
- TREATMENT COMPONENT – This level of care includes in-patient or out-patient substance abuse treatment. While Callahan Counseling Services offers out-patient substance abuse treatment, it may be more feasible for the client to obtain services at another provider, better suited for the individual client's needs. This will be discussed at the time of enrollment.

Determination of the level of care will be made at the time of enrollment; however, additional programming may be required if:

- It is determined during that the client has not remained alcohol or drug free during the time enrolled in the program.
- The client is in need of re-enrollment based on no-activity for thirty days or improper activity.
- The client has had a positive breathalyzer or drug screen for any non-prescribed medications, or if there is any other indication of violation of the alcohol & drug free policy of the program.
- Other rule infractions or behaviors that would indicate a higher level of care for completion.

APPEAL PROCESS

If I disagree with the assessment and resulting recommendations, treatment plan, or action plan I may request an appeal at the time of the enrollment. The client will have three business days to submit an appeal. The appeal will be reviewed by clinical personnel not involved in the initial assessment. A report from the clinician will be submitted stating the reasons for the placement. Completion of the appeals process will allow the client to appeal to the DMV directly. The decision of the DMV will be final.

COMPLETION

All requirements must be completed before any documentation of completion can be delivered, including all fees for services paid in full. I fully understand that the DMV has the final decision regarding the re-instatement of my driving privileges in the State of WV.

DISCHARGE/TERMINATION

My signature certifies that I fully understand and agree to abide by the rules, regulations, and policies of Callahan Counseling Services and the WV DUI Safety and Treatment Program. I understand that if I am terminated for any reason that any and all fees pre-paid are nonrefundable in any part.

Signature of Client

Date

Interviewer's Signature

**CALLAHAN COUNSELING SERVICES
CLIENT RIGHTS AND RESPONSIBILITIES**

CLIENT RIGHTS

1. To retain my legal rights as provided by state & federal laws.
2. To receive an explanation of these rights, responsibilities, treatment alternatives, and costs in an understandable manner.
3. To receive prompt evaluation and quality individualized treatment; to be fully informed about the purposes of treatment, and to participate in the development of my treatment plan.
4. To be treated kindly, with respect, and without discrimination by age, race, religion, sex, sexual preference, handicap, or national origin.
5. To not be subjected to experimental or investigational research without prior written consent of my guardian or myself.
6. To have access to my treatment records, which are kept confidential to the extent, permitted by law. This shall be limited by considerations of sound therapeutic treatment and shall be done in the presence of a representative of Callahan Counseling Services.
7. To refuse specific medications or treatment, and to be allowed access to consultation with a private physician at my own expense, for purposes of a second opinion regarding treatment except in the case of emergency procedures required for the preservation of my life/health.
8. To be treated under the least restrictive environment consistent with my condition and not be subjected to isolation or unnecessary physical restraint.
9. To be fully informed of the costs for services rendered and any related insurance provider issues or limitations.
10. To question or voice concerns about staff, services, and treatment and to request an impartial review of violations of these rights; to file a formal grievance; and/or to obtain legal counsel.

CLIENT RESPONSIBILITIES

While I am a client of Callahan Counseling Services, I hereby agree:

1. To report to any changes in my condition, employment, living arrangements or other support systems, or other personal situations that may affect my treatment plan.
2. To treat other program participants with dignity and respect and to preserve their confidentiality by not disclosing names during or after treatment.
3. To attend and participate in all groups and other prescribed treatment and to work sincerely toward my treatment goals.
4. To contact Callahan Counseling Services staff 24 hours in advance for cancellation of an individual or group session to avoid being charged. If I give less than the prescribed notice, or fail to call, I am aware that I may be charged (\$65.00) for the missed appointment. I am also aware that insurances do not cover missed appointment fees, and that I may be responsible for missed appointment fees. Exceptions may be made for verifiable emergency situations.
5. To encourage my spouse, significant other, or parents/guardians (as appropriate) to participate in the educational and support programs provided or recommended by counselor and staff.
6. To treat staff and others with courtesy and respect, understanding that I retain the right to voice objection to his behavior or file a grievance as described under client rights.
7. To abide by payment arrangements as described in the financial policy I have previously signed.

I have reviewed these Client Rights and Responsibilities and I understand their contents.

Signature of Client (Parent or Guardian)

Date

Signature of Callahan Counseling Services Representative

Date



Callahan Counseling Services

WV DUI Safety & Treatment Program

Pre Test

NAME: _____ DATE: _____ SCORE: _____

- Which of the following has the highest alcohol content?
 A 12-oz bottle of beer (5% alcohol)
 A 5-oz glass of wine (12% alcohol)
 A 1-oz shot of liquor (40% alcohol)
 A 12-oz wine cooler (5% alcohol)
 They all have about the same alcohol content
- In the U.S., a person can be arrested and convicted for Driving Under the Influence (DUI):
 Only if his/her BAC is over 0.08% or greater
 At any BAC if the officer can prove driving is impaired
 Only if he/she is stopped and admits to having a drink before driving
 Only if over 21 years of age
- I think coming to this class is a good opportunity to learn important information and plan ahead.
 Strongly disagree
 Disagree
 I don't agree or disagree
 Agree
 Strongly Agree
- A good personal change plan includes:
 Weighing the pros and cons of change
 Specific and realistic goals
 Planning for difficult situations
 All of the above
- For me, not being able to drive after drinking would make my life:
 Much Worse
 Worse
 About the same
 Better
 Much Better
- If a person goes to bed a 2 am with a blood alcohol concentration (BAC) of 0.200, about what time will the BAC return to 0.000?
 5 am 2 pm
 8 am 4 pm
 Noon
- Approximately what percentage of the U.S. population does not drink alcohol?
 75% 20%
 50% 5%
 33 %
- I have no plan to make sure I don't drink and drive again
 Definitely true
 Somewhat true
 Neither true nor false
 Somewhat false
 Definitely false
- Which of the following is not an effective strategy for changing behavior?
 Replace negative thoughts with positive thoughts
 Not worry about it because I have already changed
 Consider the effects on others
 Learn the facts
- I am less likely to misuse alcohol or other drugs as a result of my experience.
 Strongly disagree
 Disagree
 I don't agree or disagree
 Agree
 Strongly Agree
- Which of the following best describes the action of alcohol on the body?
 Depressant
 Stimulant
 Both stimulant and depressant
 Neither stimulant nor depressant
- I need to change some of my alcohol or other drug use patterns.
 Strongly disagree
 Disagree
 I don't agree or disagree
 Agree
 Strongly Agree
- In my opinion, random police checks to find impaired drivers are:
 A bad strategy
 Neither good nor bad
 A good strategy

PRE TEST

14. People can change their behavior by moving through the stages of change, using specific strategies and planning ahead.
 Strongly disagree
 Disagree
 I don't agree or disagree
 Agree
 Strongly Agree
15. I would not feel safe riding with a driver who has consumed 6 drinks in 2 hours.
 Strongly disagree
 Disagree
 I don't agree or disagree
 Agree
 Strongly Agree
16. Alcohol is a factor in approximately what percentage of fatal vehicle crashes in the US?
 Less than 5 percent
 About 18 Percent
 About 31 Percent
 About 52 Percent
 About 70 Percent
17. How much control do you believe you have over whether or not you drink and drive?
 No control
 A little control
 Quiet a bit of control
 Complete control
18. Making a personal and public commitment to change does not:
 Make it more likely that the change will happen
 Provide an opportunity to enlist the support and help of others
 Strengthen the decisions to act
 Set you up for failure
19. To me, driving after consuming four alcoholic drinks of any kind within an hour is:
 Morally unacceptable
 Not a moral issue
 Morally acceptable
20. The people in my life whose opinions I value would _____ of my driving after drinking.
 Strongly disapprove
 Disapprove
 Neither disapprove or approve
 Approve
 Strongly approve
21. For me to avoid drinking and driving, I would have to change my drinking habits.
 Strongly disagree
 Disagree
 I don't agree or disagree
 Agree
 Strongly Agree
22. Approximately how long does it take the body to eliminate one standard drink from the system?
 30 minutes
 Up to one hour
 It depends on the size of the person
 It depends on how well the person can "hold his or her liquor"
 It is impossible to predict
23. My arrest was nobody's fault buy my own.
 Strongly disagree
 Disagree
 I don't agree or disagree
 Agree
 Strongly Agree
24. Which of the following is positive self-talk?
 "I will be better off if I don't drink at this party. It isn't worth the risk."
 "I can drive on the back roads and not get caught."
 "It is more dangerous to leave the car here overnight than to drive."
 "I just ate so I can have another beer before I go."
25. I will not go out drinking again unless I have a way to get home without driving myself
 Strongly disagree
 Disagree
 I don't agree or disagree
 Agree
 Strongly Agree
26. How ready are you to change your drinking and/or driving behavior?
 Not at all ready
 A little ready
 Very ready
27. For me to avoid drinking and driving in the future would be:
 Impossible Possible

Drug Abuse Screening Tool DAST

QUESTIONS

YES NO

- | | | |
|---|-------|---------|
| 1. Have you used drugs other than those required for medical reasons? | _____ | _____1 |
| 2. Have you abused prescription drugs? | _____ | _____2 |
| 3. Do you abuse more than one drug at a time? | _____ | _____3 |
| 4. Can you get through the week without using drugs (other than required for medical reasons)? | _____ | _____4 |
| 5. Are you always able to stop using drugs when you want to? | _____ | _____5 |
| 6. Do you abuse drugs on a continuous basis? | _____ | _____6 |
| 7. Do you try to limit your drug use to certain situations? | _____ | _____7 |
| 8. Have you had "blackouts" or "flashbacks" as a result of drug use? | _____ | _____8 |
| 9. Do you ever feel bad about your drug abuse? | _____ | _____9 |
| 10. Does your spouse (or parents) ever complain about your involvement with drugs? | _____ | _____10 |
| 11. Do your friends or relatives know or suspect you abuse drugs? | _____ | _____11 |
| 12. Has drug abuse ever created problems between you and your spouse? | _____ | _____12 |
| 13. Has any family member ever sought help for problems related to your drug use? | _____ | _____13 |
| 14. Have you ever lost friends because of your use of drugs? | _____ | _____14 |
| 15. Have you ever neglected your family or missed work because of your use of drugs? | _____ | _____15 |
| 16. Have you ever been in trouble at work because of drug abuse? | _____ | _____16 |
| 17. Have you ever lost a job because of drug abuse? | _____ | _____17 |
| 18. Have you gotten into fights when under the influence of drugs? | _____ | _____18 |
| 19. Have you ever been arrested because of unusual behavior while under the influence of drugs? | _____ | _____19 |
| 20. Have you ever been arrested for driving while under the influence of drugs? | _____ | _____20 |
| 21. Have you engaged in illegal activities in order to obtain drug? | _____ | _____21 |
| 22. Have you ever been arrested for possession of illegal drugs? | _____ | _____22 |
| 23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake? | _____ | _____23 |
| 24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)? | _____ | _____24 |
| 25. Have you ever gone to anyone for help for a drug problem? | _____ | _____25 |
| 26. Have you ever been in a hospital for medical problems related to your drug use? | _____ | _____26 |
| 27. Have you ever been involved in a treatment program specifically related to drug use? | _____ | _____27 |
| 28. Have you been treated as an outpatient for problems related to drug abuse? | _____ | _____28 |

AUDIT

INSTRUCTIONS: Read each question and all the choices; mark the box next to your answer for each question. For purposes of this survey, use of other drugs would include use of illegal substances such as marijuana, cocaine, LSD, heroin, etc., misuse of prescription and non-prescription medications such as Valium, amphetamines, etc., and use of other mood-altering substances such as gasoline, glue, and paint, etc.

QUESTIONS

1. During the past year, how often did you have a drink containing alcohol or use other drugs?
 Never Less than once a month Monthly
 2 to 4 times a month 3 to 4 times a week 4 or more times a week
2. During the past year, how many drinks containing alcohol did you have on a typical day when you were drinking?
 None 1 to 2 3 to 4 5 to 6 7 to 9 10 or more
3. During the past year, how often did you have six or more drinks on one occasion?
 Never Less than monthly Monthly Weekly Daily or almost daily
4. During the past year, how often have you found that you were unable to stop drinking or using drugs once you started?
 Never Less than monthly Monthly Weekly Daily or almost daily
5. During the past year, how often have you failed to do what was normally expected of you because of drinking or using drugs?
 Never Less than monthly Monthly Weekly Daily or almost daily
6. During the past year, how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?
 Never Less than monthly Monthly Weekly Daily or almost daily
7. During the past year, how often have you had a feeling of guilt or remorse after drinking or using drugs?
 Never Less than monthly Monthly Weekly Daily or almost daily
8. During the past year, how often have you been unable to remember what happened the night before because you had been drinking alcohol or using drugs?
 Never Less than monthly Monthly Weekly Daily or almost daily
9. Have you or someone else been injured as a result of your drinking or using drugs?
 No Yes, but not in the past year yes, during the past year
10. Has a relative, friend, doctor, or health worker been concerned about or suggested you cut down your drinking or use of drugs?
 No Yes, but not in the past year yes, during the past year

Exploratory Alcohol Screening

DIRECTIONS: Answer each question honestly. Check “Yes” or “No” where it applies.

TIME FRAME: In your entire life In past 12 months Since _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| → 1. Have you ever gotten into trouble at work or school because of drinking?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been arrested for drunk driving, drunk in public or other drinking related offenses?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| A 2a. If yes, how many times? _____ | | |
| 3. Did you ever drink and then do something that was potentially dangerous? | <input type="checkbox"/> | <input type="checkbox"/> |
| → 4. Did you ever get annoyed when people suggested that you should slow down, limit or cut down on your drinking?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever done something while drinking that you felt bad about afterwards i.e., fights, arguments, said or did something you shouldn't have?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| B 6. Have you ever voluntarily gone a significant period without drinking?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6a. If yes, how long was the longest you have gone without drinking? _____ | | |
| 7. Have you ever drank in the morning, or taken another drug to feel better after drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| → 8. Have you ever found yourself drinking more than you expected or wanted to?. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever found yourself drinking when you didn't want to? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever neglected your responsibilities, i.e., your family, work, or friends because of drinking or recovering from the effects?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever been diagnosed with liver trouble, diabetes, ulcers, anxiety, or depression? | <input type="checkbox"/> | <input type="checkbox"/> |

Scoring:
 Cluster A ≥ 1 “Yes” = Abuse
 Cluster B > 1 “Yes” = Abuse; ≥ 2 “Yes” = Dependence.
 Cluster C ≥ 3 “Yes” = Dependence.

CALLAHAN COUNSELING SERVICES

Authorization for Release and/or Exchange of Protected Health Information

I, _____ hereby authorize Callahan Counseling Services.
Print Client Name

To:

x ___ Exchange information on an ongoing basis with:

West Virginia Department of Motor Vehicles

Name of individual, hospital, or agency (Relationship to Client)

304-558-3913

Contact information for individual, hospital, or agency

for the purposes of treatment, payment, administrative services.

The specific records/reports to be disclosed shall include: (Client Initial each X)

- x ___ Progress Notes x ___ Social Work Assessments x ___ Diagnostics
x ___ Consultations x ___ Treatment/Aftercare Plans x ___ Finances
___ History & Physical x ___ Social/Family Histories x ___ Academic/Educational Records
x ___ Lab x ___ Admission/Discharge x ___ Legal Records
Summaries

For Date(s) of stay: _____

This authorization shall remain in force until _____ (up to one year).
Date

NOTE: Peter J. Callahan, PLLC, as a health care provider, is forbidden by federal law to re-disclose any information received based on this authorization. However, Peter J. Callahan, PLLC cannot protect any information that it has disclosed based on this authorization from re-disclosure by the recipient.

I understand that this Authorization is revocable at any time by signing and dating the designated area at the bottom of this page, except to the extent that action has already been taken on it.

X _____
Signature of Client or Representative of Client Printed Name Date

Signature of witness (Callahan Counseling Services) Printed Name Date

I revoke/rescind this Authorization effective on this date _____

Signature of Client Callahan Counseling Services Signature