



POPPA®

Police Organization Providing Peer Assistance

26 Broadway - Rm. 1640 • New York, N.Y. 10004 - 1898 • (212)298-9111 • Fax (212)233-0548

INITIAL ASSESSMENT:

PATIENT'S NAME: _____

DATE OF INITIAL CONTACT: _____

PRESENTING PROBLEM/S: _____

TARGET SYMPTOMS: _____

DIAGNOSIS: _____

AXIS I: _____

AXIS II: _____

AXIS III: _____

AXIS IV: _____

AXIS V: _____

MEDICATIONS: _____

TREATMENT PLAN/ GOALS: _____

TREATING POPPA
CLINICIAN: _____ DATE: _____

REFERRING PEER
SUPPORT OFFICER (PSO): _____ REFERRAL
DATE: _____

CONFIDENTIAL FAX NUMBER: (212) 624-2722

POPPA INTAKE TREATMENT REPORT

Date of Initial Visit: _____

Blue Line: _____ YES _____ NO

Date of Blue Line: _____

Name: _____

Address: _____

DOB: _____

SSN: _____

Home Telephone: _____

Cell: _____

Work: _____

Command: _____

Military Service: _____ Desert Storm _____ Iraq _____ Afghanistan _____ Other

Presenting Problems: _____

Current Symptoms: _____

TREATMENT HISTORY

Inpatient: _____ Outpatient _____

Hospitalization & Date: _____

Outpatient Treatment When & Where: _____

Is Client at risk to self or others? _____ Yes _____ No

Past Medication & Dosage and Treating Doctor: _____

Current Medication & Dosage: _____

Treating Doctor: _____

Address: _____

SUBSTANCE ABUSE TREATMENT

Inpatient : _____ Outpatient: _____ N/A: _____

Inpatient Treatment When & Where: _____

Outpatient When & Where: _____

Does Client follow a 12-Step model? _____ Yes _____ No

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____ Current Highest GAF in the past year: _____

Treatment Goals:

(1)

(2)

(3)

Modalities: _____ Ind. _____ Group _____ Family

Client's Support System: _____

Is POPPA's Consent for Release of Confidential Information Signed? ___Y___ N

Date therapy completed: _____

Date treatment was terminated prematurely: _____

Was MOS transferred to an alternative provider? _____ Y _____ N

X _____ X _____ X _____
Signature of treating Provider *POPPA Id #* *Date*

HAVE PAST GOALS BEEN MET: _____ YES _____ NO

(1) _____ (2) _____ (3) _____

NEW GOALS:

(1)

(2)

(3)

MEDICATION & DOSAGE:

TREATING DOCTOR:

X
Signature of treating Provider

X
POPPA Id #

X
Date