

Square Medical Group

Patient's Strengths, Needs, Abilities, Preferences (SNAP)

Date: _____

PH Service Site: Square Medical Group

Print Patient Name: _____

Patient ID (SMG to fill-in): _____

<u>STRENGTHS</u>	<u>NEEDS</u>
<p>What positives in your life will help you during treatment?</p> <p>Check all that apply and list others you think will help.</p> <p><input type="checkbox"/> 1. Support from Family (parents, children, others)</p> <p><input type="checkbox"/> 2. Support from spouse or significant other</p> <p><input type="checkbox"/> 3. Support from friends</p> <p><input type="checkbox"/> 4. Connection to self-help group (AA, NA, etc.)</p> <p><input type="checkbox"/> 5. A positive and supportive sponsor</p> <p><input type="checkbox"/> 6. Connection to a church group or minister</p> <p><input type="checkbox"/> 7. Counselor or case manager who helped you get into treatment</p> <p><input type="checkbox"/> 8. Judge or probation officer who helped you get into treatment</p> <p><input type="checkbox"/> 9. Financial assistance or benefits</p> <p><input type="checkbox"/> 10. Permanent residence</p> <p><input type="checkbox"/> 11. Connection to a mental health facility and/or psychiatric care; provisions for obtaining medications</p> <p><input type="checkbox"/> 12. Others</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>What do you want to learn in treatment?</p> <p>Check all that apply and list other things you can think of that are not shown.</p> <p><input type="checkbox"/> 1. Education about substance abuse</p> <p><input type="checkbox"/> 2. An explanation/understanding of my diagnosis</p> <p><input type="checkbox"/> 3. Contact with support system/people</p> <p><input type="checkbox"/> 4. Improvement in my interpersonal skills</p> <p><input type="checkbox"/> 5. Improvement in my communication skills</p> <p><input type="checkbox"/> 6. Emotion-management skills</p> <p><input type="checkbox"/> 7. Anger-management skills</p> <p><input type="checkbox"/> 8. Parenting Skills</p> <p><input type="checkbox"/> 9. Skills to stay clean and sober</p> <p><input type="checkbox"/> 10. Skills to stay mentally stable</p> <p><input type="checkbox"/> 11. Education about improving my health</p> <p><input type="checkbox"/> 12. Relapse prevention</p> <p><input type="checkbox"/> 13. Personal Safety Plan</p> <p><input type="checkbox"/> 14. Improve personal relationships</p> <p><input type="checkbox"/> 15. Reunite with friends/family</p> <p><input type="checkbox"/> 16. Getting and keeping a job</p> <p><input type="checkbox"/> 17. Others</p> <p>_____</p> <p>_____</p> <p>_____</p>

N/A

N/A

If you have nothing to enter in a particular section, please check the N/A box below that section.

<u>ABILITIES</u>	<u>PREFERENCES</u>
<p>What are some of your personal qualities, skills or talents that will help you in treatment?</p> <p>Check all that apply and list others you think will help.</p> <p><input type="checkbox"/> 1. I am very motivated for treatment</p> <p><input type="checkbox"/> 2. I am able to make an appropriate transition to living in a recovering community</p> <p><input type="checkbox"/> 3. I have good interpersonal skills</p> <p><input type="checkbox"/> 4. I have good emotion-management skills</p> <p><input type="checkbox"/> 5. In the past I have demonstrated openness and honesty with regard to my recovery</p> <p><input type="checkbox"/> 6. I have been able to let go of the denial that I once had about my substance abuse</p> <p><input type="checkbox"/> 7. I have some insight into my substance abuse</p> <p><input type="checkbox"/> 8. I have good self-esteem</p> <p><input type="checkbox"/> 9. I have some positive plans and goals for my future</p> <p><input type="checkbox"/> 10. I am willing to do whatever it takes to be in recovery</p> <p><input type="checkbox"/> 11. I have a good relationship with a higher power</p> <p><input type="checkbox"/> 12. In spite of past hardships, there are still areas of my life in which I take pleasure</p> <p><input type="checkbox"/> 13. I am a caring person, capable of offering support to others in recovery.</p> <p><input type="checkbox"/> 14. Others:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>What are the practical aspects of your treatment?</p> <p>Check all that apply and list other things you can think of that are not shown.</p> <p>If Square can accommodate your request, would you prefer ...</p> <p><input type="checkbox"/> 1. A female counselor</p> <p><input type="checkbox"/> 2. A male counselor</p> <p><input type="checkbox"/> 3. A counselor familiar with my culture (please explain)</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> 4. A counselor familiar with my beliefs (please explain)</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> 5. Appointments early in the day</p> <p><input type="checkbox"/> 6. Appointments late in the day</p> <p><input type="checkbox"/> 7. Saturday appointments</p> <p><input type="checkbox"/> 8. Family/friend involved in my treatment</p> <p><input type="checkbox"/> 9. Involvement in a treatment/counseling group</p> <p><input type="checkbox"/> 10. Others:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

N/A

N/A

If you have nothing to enter in a particular section, please check the N/A box below that section.

X Signature of Patient: _____

Date: _____