



Anger Management Program

1225 EAST 5TH STREET, WS NC 27101 | 336-776-0322

FORMAT SHEET

Participant Name: _____

Group Start Date: _____

- Intake Format Sheet (Page 1)
- Demographics (Page 2)
- Assessment (Pages 3 - 8)
- Participant Consent Sheet HIPPA
- Two Way Consent for Release (Page 9)
- Anger Pre and Post Test
- Group and Program Guidelines (copy to the participant)
- Participant Attendance Sheet
- Victim Call Log
- Copy of Participant Identification

THERAPY NOTES			
Participant Attendance Sheet			
PO and CS Report Log			
BIP Spread Sheet			
Vitim Call Log			
Scanned in Data Base			

Recorded on		Date	Staff Initials
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DEMOGRAPHICS

Date of Assessment: _____

Name: _____ DOB: _____

Sex: Male Female

Race: African American Asian Caucasian Hispanic Multi Racial Native American

Address: _____

Apt _____

City _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____

Relationship to you: _____ Phone #: _____

Referral Source Criminal Court Civil Court Probation/Parole DSS Voluntary Other

If other please explain _____

County: Forsyth Davie Davidson Guilford Montgomery Stokes Surry Other _____

Marital Status: Married Single Divorced Separated

Living Situation: Live with partner Live alone Live w/family Friend

How long in current residence? _____ Rent Own

Who lives with client at residence (include names, ages and relationships to client)

Name	Age	Relationship to you

Any dependents? Spouse/ children: _____

Victim Information

Name: _____ DOB: _____ Age: _____

Relationship to you _____

Address: _____

Phone _____



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ANGER ASSESSMENT

Participant: _____ Interviewer: _____

EDUCATION

Highest grade completed: GED High School College / Degree Received: _____

If drop out, why: _____

EMPLOYMENT

Current Employee: _____ Phone: _____

Address: _____

Current Job Title: _____ Length of Employment: _____

MEDICAL/HEALTH

Do you have any ongoing health problems? Yes No If yes, please explain: _____

Are you currently taking any medications? Yes No If yes, what are you taking: _____

PSYCHIATRIC STATUS

Have you ever been treated for psychological or emotional problems? Yes No

If yes, for what were you being treated? _____

How long ago did you receive counseling or treatment? _____

Did you complete the program? Yes No If no, why not? _____

Have you experienced serious depression, sadness, hopelessness, loss of interest, difficulty with daily functions, in the past 30 days or in your lifetime? Yes No If yes, explain: _____

Have you experienced serious anxiety, tension, up-tightness, stress, unreasonably worried, inability to relax?

Yes No If yes, explain when was the last time and how often does this occur: _____

Have you experienced hallucinations — seen things or heard voices that were not there? Yes No

If yes, when was the last time you experienced hallucinations? _____

Have you experienced trouble understanding, concentrating, or remembering? Yes No

If yes, explain: _____

Have you experienced trouble controlling violent behavior, including episodes of rage or violence? Yes No

If yes, when was the last time this occurred? _____

What usually triggers this behavior? _____



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ANGER ASSESSMENT

Participant: _____ Interviewer: _____

Have you experienced thoughts of suicide in the past 30 days or in your life time? Yes No If yes, explain: _____

Do you feel suicidal today? Yes No If yes, do you have a plan? Yes No If yes, describe your plan: _____

Have you ever attempted suicide? Yes No If yes, explain: _____

Have you felt like hurting others or committing homicide? Yes No If yes, whom did you want to hurt and what were the reasons? _____

Have you ever been prescribed medication(s) for any psychological or emotional problems? Yes No
If yes, for what was the medication prescribed? _____

Was the treatment successful? Yes No Explain: _____

ALCOHOL AND DRUG HISTORY

At what age did you have your first drink of alcohol and/or drugs? _____

What did you use? _____

Do you currently drink alcohol and/or use drugs? Yes No If yes, what do you use: _____

How often do you use and how much? _____

If you do not currently drink alcohol or use drugs, have you ever drank alcohol and/or used drugs? Yes No

How long ago did you quit? _____

For what reasons did you quit? _____

Have you ever received a DUI? Yes No If yes, how many? _____

What was your Blood Alcohol Level on your last one? _____

Have you ever received treatment for alcohol or drug abuse/dependence? Yes No If yes, when and where were you in treatment? _____

Did you successfully complete treatment? Yes No If no, why not? _____

Are you still abstinent? Yes No If no, what triggered your relapse? _____

Where you drinking and/or using drugs during your most recent abusive episode? Yes No

Is the use of alcohol and/or drugs a problem in your relationship? Yes No

Do you need help for alcohol or drug abuse/dependency problems? Yes No

CHILDHOOD HISTORY

By whom were you raised? Parents Grandparents Relatives Foster Care

Are your parents/guardian living or deceased: Mother: Living Deceased Father: Living Deceased



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ANGER ASSESSMENT

Participant: _____ Interviewer: _____

Did you experience any traumatic events during your childhood (i.e., deaths, abuse, etc.)? Yes No

If yes, explain: _____

Explain how you came to leave home: _____

Number of siblings: _____

Is your relationship with your siblings close or distant? Explain: _____

How would you describe your relationship with your father? Close Distant

Explain what made it close or distant: _____

Were you or any of your siblings physically, psychologically, or sexually abused as children? Yes No

If yes, by whom? _____

What was the impact emotionally and psychologically on the abused? _____

How would you describe your relationship with your mother? Close Distant

Explain what made it close or distant: _____

Did you have any problems with anger or violent behavior as a child or teenager? Yes No

If yes, please explain: _____

Were there any other events or circumstances regarding your childhood that may help us understand your particular counseling needs? Yes No If yes, explain: _____

Did you ever see your father or mother physically or psychologically abuse each other? Yes No If yes, explain: _____

What impact did seeing/hearing one of your parents abuse the other have on you emotionally, psychologically, or physically? _____

ANGER/VIOLENCE HISTORY: MOST RECENT ANGER EPISODE

Please describe in detail your most recent anger incident: _____

When did the anger episode occur? _____

Where did the anger episode occur? _____

With whom? _____

What happened? _____

What actions did you demonstrate during the angry episode? Physical Verbal Threats Property destruction

Other Explain: _____

Main types of angry words and thoughts during the angry episode: _____



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ANGER ASSESSMENT

Participant: _____ Interviewer: _____

Explain how did you feel physically while you were angry? Tense Rush Strong No other _____

How did the angry episode end? _____

Were there any use of alcohol and/or drugs by anyone involved? Yes No If yes, by whom? _____

Was this incident typical? Yes No

Duration: _____

When you become angry, how long to you remain angry? _____

Intensity: _____

On a scale of 1 to 10, with one representing no anger and 10 representing explosive anger, rate the intensity of your anger during the episode: _____

Frequency: _____

How often have you had trouble with your anger? This time only This month only Last six months
 Since childhood Adolescent Only as an adult (Every single day)

CONNECTION BETWEEN YOUR USE OF ALCOHOL/DRUGS AND ANGER/AGGRESSION

Check all that apply:

- Anger/aggression gets worse when using.
- I only get in trouble with my anger/aggression while using.
- I'm less angry/aggressive when I drink or use drugs.
- Others tell me there is a connection but I have trouble believing it.
- There seems to be no connections at all.
- Other alcohol/drug connections with anger/aggression.

Explain: _____

EXPLAIN YOUR WORST ANGER EPISODE

When and with whom were involved? _____

What happened? _____

Main types of angry words and thoughts during this episode: _____

How did this angry episode start? _____

How did it end? _____

Any alcohol or drugs by anyone involved? Yes No If yes, who was using? _____

What actions did you demonstrate during the angry episode? Physical Verbal Threats

Property destruction Other Explain: _____



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WITH WHOM DO YOU GET ANGRY

Partner Parents/Step-Parents Your children (step-children) Relatives Employer/Co-workers Friends

Other(whom) _____

What about? _____

FAMILY OF ORIGIN

Describe what the following people do/did with their anger, especially when you were growing up: _____

Your father/stepfather: _____

Your mother/stepmother: _____

Your brother/sisters: _____

Other signifiant persons (grand parents, etc.): _____

Is there any family history of bad temper, assaults, homicides or suicides? _____

In general, what did you learn about anger from your family? _____

ANY CURRENT PROBLEMS WITH OR HISTORY OF:

Problem:

Describe:

- Brain injury _____
- Stroke _____
- Epilepsy/Seizures _____
- Attention Deficit Disorder _____
- Premenstrual Syndrome _____
- Depression _____
- PTSD _____
- Other serious illness _____

Are you currently taking any medications: Yes No If yes, what are you taking? _____



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LEGAL HISTORY RELATING TO ANGER/AGGRESSION

Current legal problems related to anger/aggression: _____

Past legal problems related to anger/aggression: _____

HOW HAVE YOU ATTEMPTED TO CONTROL YOUR ANGER?

I never have.

Talk to myself. What do you say to yourself to control your anger? _____

Leave the scene. How long? _____ What do you do? _____

Try to relax. How? _____

Go to a self help group such as A.A. _____

Other? _____ What? _____

Is there anything else you can tell me that might help me understand your anger and how it affects you and others?

RECOMMENDATION

What would you like to change or learn as a result of counseling?

1. _____

2. _____

3. _____

Clinician Signature: _____ Date: _____



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TWO WAY CONSENT FOR RELEASE

Information to be released by:

Agency/School/Persons: _____

Address: _____

Telephone: _____ Fax: _____

Name/Position: _____

Information to be released to:

Agency/School/Persons: _____

Address: _____

Telephone: _____ Fax: _____

Name/Position: _____

I also give my permission for the exchange of information (oral and/or written) between the above named agencies/schools/persons.

Print Name: _____

Signature of Participant: _____ Date: _____

CIES Caseworker Name (print): _____

CIES Caseworker Name (Signature): _____ Date: _____