

NEBRASKA GAMBLER ASSISTANCE PROGRAM

GAP-3 URGENT CARE DETAIL

NAME OF CONTRACTOR: _____

DATE(S) OF SERVICES BILLED: _____

CLIENT DOB:	/ /	RESIDENCE OF CLIENT:	YOUR ID FOR THIS CLIENT:		
Client Gender (Check <u>one</u>)	Male		Client Type:	Gambler	
	Female			Family member	
	Other				
How did this person get your phone number or other contact information? (Check <u>one</u>)	BetCareful ads (Rattlesnake, Grenade, Deck of Cards, Fire Alarm, Bear Trap)		#Urgent Care hours this month:		
	GAP Helpline 833-BETOVER (238-6837)		#Urgent Care hours prior months:		
	Nebraska Council 800-522-4700				
	Internet search		GAMBLER'S STAGE OF CHANGE		
	Family		PRE-CONTEMPLATION		
	Professional		CONTEMPLATION		
	This counselor helpline		PREPARATION		
	Previous client		ACTION		
Other:					

METHOD FOR PROVIDING THIS SERVICE	
In person face-to-face	
By telephone	
By telehealth audio-visual	

WHO ASKED FOR THIS SERVICE			
The gambler		Intimate domestic partner	
Gambler's spouse		Other family member	
Employer		Friend/Co-worker	

NATURE OF THE PROBLEMS			
Suicide ideation/Gestures? Y/N		Risk of criminal action? Y/N	
Financial? Y/N		Bankruptcy/Foreclosure? Y/N	
Family/Marriage at risk? Y/N		Danger to others? Y/N	
Employment at risk? Y/N		In danger from others? Y/N	

RESOLUTION OF THE CONSUMER'S NEEDS			
Referral to emergency services? Y/N		GAP services explained? Y/N	
Referral to medical care? Y/N		Refer to other GAP counselor? Y/N	
Will talk again another time? Y/N		Wait for client to call? Y/N	
Counselor will call to check in? Y/N		Appointment for assessment? Y/N	

URGENT CARE FORM REVIEWED BY COUNSELOR FOR COMPLETENESS:

Signature

_____/_____/_____
Date