



Central Arkansas Trauma Recovery Network
Short Form Intake

Client Name: _____ Today's Date: _____

Cell Phone: _____ DOB: _____ Gender: M F Other

Home Address: _____ City: _____ State: _____

Calls will be discrete, but please indicate any restrictions: _____

Have you seen or do you currently see a different therapist? Never Prior Current (specify below)

Psychiatric or Pain Medications: Never Prior Current (specify & start dates):

Top Symptoms of concern:

(Please complete symptom inquiry on reverse side of page if needed.)

What are you hoping to accomplish with therapy services? _____

Circle involvement in current traumatic event: Survivor Family First Responder

Are you having life-threatening substance abuse?	___ Yes	___ No
Are you having serious suicide attempts?	___ Yes	___ No
Are you having any form of self-harm?	___ Yes	___ No
Are you having serious assaultive behavior?	___ Yes	___ No
Have you been diagnosed with a Dissociative Disorders?	___ Yes	___ No

Emergency Contact: _____ Phone: _____

By signing below, I give Arkansas Trauma Recovery Network permission to contact my emergency contact listed in the event of an emergency or as the therapist deems necessary.

Signature _____

Date _____



Identification Bureau Individual Record Check Form

Full Name: First Middle Last Name Maiden/Other

Date of Birth: (Month/Day/Year) State of Birth: Race: Sex:

Social Security #: Driver's License #: State

Mailing Address: Street City State ZIP

Daytime Phone #: ()

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: (First/MI/Last Name) or Full Name of Agency

Mailing Address: Street City State ZIP

Signature: (First/MI/Last Name) Date: (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF

§

COUNTY OF

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the day of, 20.

Notary Public

82004 State Record Check

82005 State Record Check



ARKANSAS STATE POLICE

ASP-122
(Rev. 07/08)

Identification Bureau Individual Record Check Form

Procedure For Criminal History Check

1. The ASP form 122, Individual Record Check Form, must be completed in its entirety.
2. A check or money order in the amount of \$25.00 made payable to the Arkansas State Police, must be included.
3. If the request is presented in person, the person requesting must present a photo I.D. issued by a government agency.
4. If the request is made by mail, the signature on the ASP form 122 must be notarized.
5. If the request is made by mail, a self-addressed envelope with sufficient return postage must be included.
6. If the request is made in person at our office by a third party, such as an employment agency or employer, the ASP form 122 must be notarized.
7. If the request is required by a particular licensing entity as mandated by state law, such as teachers, health care or police, please contact the appropriate licensing entity to obtain the proper forms and be advised of the correct procedure to obtain a criminal history.

Send requests to:

Arkansas State Police
Identification Bureau
1 State Police Plaza Dr.
Little Rock, AR 72209

To contact the Identification Bureau, you may call 501-618-8500.

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~~SEE OTHER SIDE~~ FOR APPLICATION