

(Print Legibly)

Data Entry Initials

**CLIENT ANNUAL EPISODE
UPDATE SUMMARY**

Confidential Patient Information
See Welfare & Institution Code 5328

1 Client Number:

2 Reporting Unit #:

INCLUDE AN UPDATED CLIENT REGISTRATION WHEN SUBMITTING AN ANNUAL EPISODE UPDATE SUMMARY!!!

Client Name: Last _____ First _____ MI: _____

Screen 1

3 Admit Date: / /
Month Day Year

4 Annual Update Date: / /
Month Day Year

5 Staff #: Staff Name: _____

6 Client Pregnant During Treatment (Y/N/Z1):

7 Admission Employment Status:

8 Current Living Situation (Homeless at Admission):

Screen 2

	Primary	Secondary	
9 Problem:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Primary Drug Name _____
10 Usual Route of Administration:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Secondary Drug Name _____
11 Frequency of Use:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Enter Primary/Secondary Drug Name if Problem Code = (3, 4, 6, 7,
12 Age of First Use (Yrs/Z4):	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	11, 13, 15, 16, 17, 20, Z3)

Screen 3

In last 30 days, # of:

13 Alcohol Frequency (#/Z2):	<input type="text"/> <input type="text"/>	21 Physical Health Problem:	
14 IV User (#/Z0/Z4):	<input type="text"/> <input type="text"/>	Emergency Room Visits (#/Z4):	<input type="text"/> <input type="text"/>
15 Paid Days Worked (#/Z0/Z4):	<input type="text"/> <input type="text"/>	Hospital Overnights (#/Z4):	<input type="text"/> <input type="text"/>
16 Days in Jail: (#/Z4):	<input type="text"/> <input type="text"/>	Physical Problem (#/Z4):	<input type="text"/> <input type="text"/>
17 Days in Prison (#/Z4):	<input type="text"/> <input type="text"/>	22 Mental Health Problem:	
18 Days of 12 Step/Other (#):	<input type="text"/> <input type="text"/>	Outpatient Emergency Services (#/Z4):	<input type="text"/> <input type="text"/>
19 Days Living with Substance User (#/Z0/Z4):	<input type="text"/> <input type="text"/>	Hospital/Psychiatric Facility Visits (#/Z4):	<input type="text"/> <input type="text"/>
20 Conflict Days with Family (#/Z0/Z4):	<input type="text"/> <input type="text"/>	Prescribed Medication Taken (Y/N/Z4):	<input type="text"/> <input type="text"/>

Screen 4

23 Consent for Future Contact (Y/N):	<input type="text"/>	27 Prior Mental Health Diagnosis (Y/N/Z1):	<input type="text"/> <input type="text"/>
24 Enrolled in Job Training (Y/N/Z0/Z4):	<input type="text"/> <input type="text"/>	28 Children Aged 17 or Less (#/Z4):	<input type="text"/> <input type="text"/>
25 Enrolled in School (Y/N/Z0/Z4):	<input type="text"/> <input type="text"/>	29 Children Aged 5 or Less (#/Z4):	<input type="text"/> <input type="text"/>
26 Diagnosed With:		30 Children in CPS Placement (#/Z4):	<input type="text"/> <input type="text"/>
HIV/AIDS Tested (Y/N/Z0/Z4):	<input type="text"/> <input type="text"/>	31 Children in Placement with No Parental Rights(#/Z4)	<input type="text"/> <input type="text"/>
HIV/AIDS Result (Y/N/Z0/Z4):	<input type="text"/> <input type="text"/>		

Z0 = Client Declines to State Z1 = Not Sure/Don't Know Z2 = Not Applicable Z3 = Other Z4 = Client Unable to Answer

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CLIENT EPISODE - OPENING

NOTE: The “Z4” (Client Unable to Answer) code is only allowable for certain questions and ONLY when the client is coded in the Client Registration screen as having a Physical Disability of “Developmentally Disabled” or enrolled in a detoxification program.

Item 7 - Admission Employment Status

01 Full time (35 hours or more per week)	04 Unemployed not in the labor force (not seeking work)
02 Part time (less than 35 hours per week)	05 Not in the labor force (not seeking work)
03 Unemployed looking for work	

Item 8 – Current Living Situation

1 Homeless	2 Dependent Living	3 Independent Living
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Item 9 - Substance Problem - Primary, Secondary, Tertiary

01 Heroin	06 Other Amphetamines	11 Other Hallucinogens	16 Inhalants	Z1 Unknown
02 Alcohol	07 Other Stimulants	12 Benzodazephine	17 Over the Counter	Z3 Other (specify)
03 Barbiturates	08 Cocaine/Crack	13 Other Tranquilizers	18 OcyCodone/OcyContin	
04 Other Seds/Hypnotics	09 Marijuana/Hashish	14 Non-Prescription	19 Ecstasy	
05 Methamphetamines	10 PCP	15 Other Opiates and Synthetics	20 Other Club Drugs	

Item 10 - Usual Route of Administration - Primary & Secondary

1 Oral	3 Inhalant	Z2 None or not applicable
2 Smoking	4 Injection (IV or intramuscular)	Z3 Other

Item 11 - Frequency of Use - Primary & Secondary

Enter the number of days	Z2 None or not applicable
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