

(Print Legibly)

Data Entry Initials

CLIENT EPISODE SUMMARY

Confidential Patient Information
See Welfare & Institution Code 5328

1 Client Number:

2 Reporting Unit #:

Client Name: Last _____ First _____ MI: _____

OPENING

Screen 1

3 Admit Date: / /
Month Day Year

4 Staff #: Staff Name: _____

5 Axis I: II:

6 Referred From:

7 Admission Status:

8 Initial Admission (Y/N):

9 Admission Legal Status:

10 Admission Employment Status:

11 Client Pregnant at Admission (Y/N/Z1)

12 Current Living Situation (Homeless at Admission):

13 Arrests in Last 24 Months (0-99):

14 Special Contract County /Number:

15 CDC # (#/Z0/Z1/Z2/Z4) Veteran (Y/N/Z0/Z4) Medi-Cal Eligible (Y/N/Z4) CalWORKs Recipient (Y/N/Z1) CalWORKs Plan includes AOD Treatment (Y/N/Z1)

1 2 3 4 5 6 10 17 22 23

Refer to #14 on the reverse side and the CalOMS Data Collection Guide for further information

Screen 2

16 No. of Prior Admits (0-99/Z0/Z1/Z4):

17 Medication Prescribed:

18 Needles Used Past Yr. (Y/N/Z4):

19 Problem: Primary Secondary

20 Usual Route of Administration:

21 Frequency of Use:

22 Age of First Use (Yrs/Z4):

Enter Primary/Secondary Drug Name if Problem Code = (3, 4, 6, 7, 11, 13, 15, 16, 17, 20, Z3)

Primary Drug Name _____ Secondary Drug Name _____

Screen 3

In last 30 days, # of:

23 Alcohol Frequency (#/Z2):

24 IV User (#/Z0/Z4):

25 Paid Days Worked (#/Z0/Z4):

26 Number of Arrests (#/Z4):

27 Days in Jail: (#/Z4):

28 Days in Prison (#/Z4):

29 Days of 12 Step/Other (#):

30 Days Living with Substance User (#/Z0/Z4):

31 Conflict Days with Family (#/Z0/Z4):

32 Physical Health Problem:

Emergency Room Visits (#/Z4):

Hospital Overnights (#/Z4):

Physical Problem (#/Z4):

33 Mental Health Problem:

Outpatient Emergency Services (#/Z4):

Hospital/Psychiatric Facility Visits (#/Z4):

Prescribed Medication Taken (Y/N/Z4):

Screen 4

34 Consent for Future Contact (Y/N):	<input type="checkbox"/>	39 Prior Mental Health Diagnosis (Y/N/Z1):	<input type="checkbox"/>
35 Treatment Waiting Days (#/Z1/Z4):	<input type="checkbox"/>		
36 Enrolled in Job Training (Y/N/Z0/Z4):	<input type="checkbox"/>		
37 Enrolled in School (Y/N/Z0/Z4):	<input type="checkbox"/>	40 Number of Children Aged 17 or Less (#/Z4):	<input type="checkbox"/>
38 Diagnosed With:		41 Number of Children Aged 5 or Less (#/Z4):	<input type="checkbox"/>
Tuberculosis (Y/N/Z0/Z4):	<input type="checkbox"/>	42 Number of Children in CPS Placement (#/Z4):	<input type="checkbox"/>
Hepatitis C (Y/N/Z0/Z4):	<input type="checkbox"/>	43 Number of Children in Placement with No Parental Rights (#/Z4):	<input type="checkbox"/>
Sexually Transmitted Disease (Y/N/Z0/Z4):	<input type="checkbox"/>	44 BASN Client ("Y" ONLY WHEN ENROLLED IN BASN RU):	<input type="checkbox"/>
HIV/AIDS Tested (Y/N/Z0/Z4):	<input type="checkbox"/>	45 FTOP Parolee:	N
HIV/AIDS Result (Y/N/Z0/Z4):	<input type="checkbox"/>	46 FTOP Priority Status:	Z 2

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 5 - Diagnosis

303.90 Alcohol Dependence 305.00 Alcohol Abuse 304.40 Amphetamine Dependence 305.70 Amphetamine Abuse 304.10 Barbiturate or similarly acting sedative dependence 305.40 Barbiturate or similarly active sedative abuse 304.30 Cannabis Dependence	305.20 Cannabis Abuse 304.20 Cocaine Dependence 305.60 Cocaine Abuse 304.60 Inhalant Dependence 305.90 Inhalant Abuse 304.00 Opioid Dependence 305.50 Opioid Abuse	304.50 PCP/Hallucinogen Dependence 305.30 Hallucinogen Abuse 305.90 PCP Abuse/Psychoactive Substance Abuse NOS 304.90 Polysubstance Dependence/Psychoactive Substance Dependence 799.9 Deferred diagnosis
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Item 6 - Referred From

1 Fed/State Criminal Justice 2 Local/County Criminal Justice 3 Self 4 Family/Friend 5 Employer 6 School/College 7 Medical: hospital/clinic/physicians/nurse 8 Social Services 9 Community Agency	10 Mental Health 11 Public Guardian 12 Public Health/Public Health Nursing 13 Residential Care Facility 14 Drug Residential 15 Drug Outpatient 16 Alcohol Residential/Outpatient 17 Telephone Directory 18 Brochure/Flyer/Newspaper/Newsletter	19 Other 20 12 Step Program 21 SACPA /Prop36 /OTP /Probation / Parole 22 AB 109 Post Release Community Supervision 23 DUI / DWI 24 State Drug Partnership (DCP) /Adult Felon Drug Court 25 Comprehensive Drug Court Implementation (CDCI) /Dependency Drug Court 26 Dependency Court / Child Protective Services (CPS)
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Item 7 - Admission Status

1 Substance Abuser 2 Spouse of Substance Abuser	3 Adult Child of Substance Abuser 4 Minor Child of Substance Abuser	5 Parent of Substance Abuser 6 Other Co-dependent of Substance Abuser
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Item 9 - Admission Legal Status

1 Not Applicable 2 Under Parole Supervision by CDC 3 On parole from any other jurisdiction	4 Post Release Community Service AB109 or On Parole from any federal, state or legal jurisdiction can be used with Referral Code 22 5 Admitted under diversion from any court 6 Incarcerated	7 Awaiting Trial Z4 Unable to answer
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Item 10 - Admission Employment Status

01 Full time (35 hours or more per week) 02 Part time (less than 35 hours per week) 03 Unemployed looking for work	04 Unemployed not in the labor force (not seeking work) 05 Not in the labor force (not seeking work)
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Item 12 - Current Living Situation

1 Homeless	2 Dependent Living	3 Independent Living
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Item 15 - Coded Remarks

1-6 CDC Number (Only for clients in RU's ending in "2" BASN programs.			
10 Y - Yes a Veteran	N - No Not a Veteran	Z0 - Client declined to State	Z4 - Client unable to answer
17 Y - Medi-Cal Beneficiary	N - Not a Medi-Cal Beneficiary	Z4 - Client unable to answer	
22 Y - CalWORKs Recipient	N - Not a CalWORKs Recipient	Z1 - Not Sure / Don't Know	
23 Y - The Client is receiving substance abuse treatment under CalWORKs recipient's Welfare-To-Work plan.	N - The Client is not receiving substance abuse treatment under CalWORKs.	Z1 - Not Sure	

Item 17 - Medication Prescribed

1 None	2 Methadone	3 LAMM	4. Buprenorphine (Subutex)	5. Buprenorphine (Suboxone)	Z3. Other
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Item 19 - Substance Problem - Primary & Secondary

01 Heroin	06 Other Amphetamines	11 Other Hallucinogens	16 Inhalants	Z1 Unknown
02 Alcohol	07 Other Stimulants	12 Benzodazepine	17 Over the Counter	Z3 Other (specify)
03 Barbiturates	08 Cocaine/Crack	13 Other Tranquilizers	18 OcyCodone/OcyContin	22 None (Secondary Only)
04 Other Sed/Hypnotics	09 Marijuana/Hashish	14 Non-Prescription Methadone	19 Ecstasy	
05 Methamphetamines	10 PCP	15 Other Opiates and Synthetics	20 Other Club Drugs	

Item 20 - 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 21 - Frequency of Use - Primary & Secondary

Enter the number of days	Z2 None or not applicable
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