

CLIENT EPISODE CLOSING
DATA ENTRY FORM

Confidential Patient Information
See Welfare & Institution Code 5328

Data Entry Initials: _____ (Print Legibly)

Client Number: _____

Reporting Unit Number: _____

ADMINISTRATIVE DISCHARGE CLOSING

(!)(*) Client Name: Last _____ First _____ MI: _____

Client Number: _____ RU: _____
Administrative Discharge: _____

Screen 1

1. (!)(*) Discharge Date: _____
Month Day Year
2. (!)(*) Discharge Status: _____
3. (!)(*) Client Pregnant During Treatment (Y/N/Z1): _____
4. (!)(*) Primary Problem: _____
5. (!)(*) Primary Drug Name: _____

Item 2 - Discharge Status

4 Left Before Completion w / Satisfactory Progress / Not Referred	7 Death
6 Left Before Completion w / Unsatisfactory Progress / Not Referred	8 Incarceration

Item 4- Substance Problem

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/Crack0	13 Other Tranquilizers	18 OcyCodone/OcyContin	22 None
04 Other Seds/Hypnotics	09 Marijuana/Hashish	14 Non-Prescription Methadone	19 Ecstasy	
05 Methamphetamines	10 PCP	15 Other Opiates and Synthetics	20 Other Club Drugs	

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

(!) MANDATORY FIELDS
(*) Fields are required for CalOMS data collection