

Client Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI: \_\_\_\_\_

**Screen 1**

1. \*Admit Date: \_\_\_\_\_  
 Month Day Year

**DO NOT REMOVE If DSM4 Dx value in Axis 1 and 2 - "Tab to ICD10 Dxfield"**

3. \*Staff #: \_\_\_\_\_ 4. \*Referred From: \_\_\_\_\_

5. Admission Status: \_\_\_\_\_

**If #4 = (1, 2, 23, or 24), CANNOT enter '1'**

6. Initial Admission (Y/N): \_\_\_\_\_

7. \*Admission Legal Status: \_\_\_\_\_

8. \*Admission Employment Status: \_\_\_\_\_

9. \*Number of Children in Household: \_\_\_\_\_

10. Number of Children Under 3: \_\_\_\_\_

11. \*Client Pregnant at Admission (Y/N/Z1): \_\_\_\_\_

12. \*Client Homeless at Admission: \_\_\_\_\_

**If item #12 = 1, CalOMS Zip must be all zeros (00000)**

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

14. \*Special Contract County/ Number: Z2 Z2 15. \*CalOMS Zip Code: \_\_\_\_\_

16. ICD10 Pri: \_\_\_\_\_ Sec: \_\_\_\_\_

**Primary Dx:** Diagnoses description auto populates from Dx field 1

**Secondary Dx:** Diagnoses description auto populates from Dx field 2

**\*\*REFER TO CODES ON THE BACK\*\***

**Screen 2**

18. \* No. of Prior Admits (0-99/Z0/Z1/Z4): \_\_\_\_\_

19. \*Medication Prescribed: \_\_\_\_\_

20. \* Needles Used Past Yr. (Y/N/Z4): \_\_\_\_\_

**Only use Screen 2 if #5/ Admission Status = 1**

	Primary	Secondary
21. *Problem:	_____	_____
22. *Route of Administration:	_____	_____
23. * Frequency of Use (0-30):	_____	_____
24. *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:**

- 25. \*Alcohol Frequency (#/Z2): \_\_\_\_\_
- 26. \*IV User (#/Z0/Z4): \_\_\_\_\_
- 27. \* Paid Days Worked (#/Z0/Z4): \_\_\_\_\_
- 28. \*Number of Arrests (#/Z4): \_\_\_\_\_
- 29. \*Days in Jail: (#/Z4): \_\_\_\_\_
- 30. \* Days in Prison (#/Z4): \_\_\_\_\_
- 31. \* Days of 12 Step/Other (#): \_\_\_\_\_
- 32. \*Days Living with Substance User (#/Z0/Z4): \_\_\_\_\_
- 33. \*Conflict Days with Family (#/Z0/Z4): \_\_\_\_\_

- 34. **Physical Health Problem:**
  - \*Emergency Room Visits (#/Z4): \_\_\_\_\_
  - \*Hospital Overnights (#/Z4): \_\_\_\_\_
  - \*Physical Problem (#/Z4): \_\_\_\_\_
- 35. **Mental Health Problem:**
  - \*Outpatient Emergency Services (#/Z4): \_\_\_\_\_
  - \*Hospital/Psychiatric Facility Visits (#/Z4): \_\_\_\_\_
  - \*Prescribed Medication Taken (Y/N/Z4): \_\_\_\_\_

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

Highlighted Fields are mandatory.

(\*) Fields are required for CalOMS data collection.

**Screen 4**

36. * <b>Consent for Future Contact (Y/N):</b>	_____	45. * <b>Prior MH Diagnosis (Y/N/Z1):</b>	_____
37. * <b>Treatment Waiting Days (#/Z1/Z4):</b>	_____	46. * <b>Number of Children Aged 17 or Less (#/Z4):</b>	_____
38. * <b>Enrolled in Job Training (Y/N/Z0/Z4):</b>	_____	47. * <b>Number of Children Aged 5 or Less (#/Z4):</b>	_____
39. * <b>Enrolled in School (Y/N/Z0/Z4):</b>	_____	48. * <b>Number of Children in CPS Placement (#/Z4):</b>	_____
40. * <b>Diagnosed With Tuberculosis (Y/N/Z0/Z4):</b>	_____	49. * <b>Number of Children in Placement with No Parental Rights(#/Z4):</b>	_____
41. * <b>Diagnosed With Hepatitis C (Y/N/Z0/Z4):</b>	_____	50. <b>Parolee Services network(Y/N):</b> BASN Client ("Y" ONLY WHEN ENROLLED IN BASN RU)	_____
42. * <b>Diagnosed With Sexually Transmitted Disease Y/N/Z0/Z4):</b>	_____	51. * <b>FOTP Parolee:</b>	<b>(Default)</b> <u>  <b>N</b>  </u>
43. * <b>HIV/AIDS Tested (Y/N/Z0/Z4):</b>	_____	52. * <b>FOTP Priority Status:</b>	<b>(Default)</b> <u>  <b>Z2</b>  </u>
44. * <b>HIV/AIDS Result (Y/N/Z0/Z4):</b>	_____		

# 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 2 - 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 4 - 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 5 - 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 7 - 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 8 - 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 - Client Homeless at Admission**

1 Homeless	2 Dependent Living	3 Independent Living
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**Item 17 - 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 19 - Medication Prescribed**

01 None	02 Methadone	03 LAMM	04 Buprenorphine (Subutex)	05 Buprenorphine (Suboxone)	Z3 Other
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**Item 21 - 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	Z2 None (Secondary Only)
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	

**Item 22 - Usual Route of Administration - Primary & Secondary**

1 Oral 2 Smoking	3 Inhalant 4 Injection (IV or intramuscular)	Z2 None or not applicable Z3 Other
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**Item 23 - Frequency of Use in the Last 30 days - Primary & Secondary**

Enter the number of days	Z2 None or not applicable
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