Alameda County Behavioral Health Care Services
Alcohol & Drug Division (SUD)

CLIENT REGISTRATION
DATA ENTRY FORM
Confidential Patient Information
See Welfare & Institutions Code: 5328

Client Registration: _____   Client Update: _____   Data Entry Initials: _____
Reporting Unit Number: ___ ___ ___ ___ ___ ___

Client Number: ___ ___ ___ ___ ___ ___ ___ ___
PLEASE Print Legibly

Screen 1

1. *Client Current Name:
Last: _____   First: _____   Middle: _____
2 Generation:___   3.*Birthdate: ___ ___/___ ___/___ ___ ___ ___   4. *Sex: ___   5. *SSN:___ ___ ___ - ___ ___ - ___ ___ ___ ___   (#,Z0,Z2, Z4) ___ ___

If SS# is all 9 must complete this field

6. Cin:___ ___ ___ ___ ___ ___ ___ ___

7. * Education: ____
8. * Disability: ____
9. Language: ___ ___ ___ ___ ___ ___
10.* Ethnicity: ___ ___ ___ ___ ___ ___
11. *Hispanic Origin:____
12. Marital Status:____
Family Size:____
Annual Income:___

13. Other Factors: **Field Not Used**
14. Service Group: **Field Not Used**
15. Primary RU: **Field Not Used**
16. Chart Location: **Field Not Used**
17. Ref. Staff ID: **Field Not Used**

18. Other ID: **Field Not Used**
19. Local Code: **Field Not Used**
20. Program Code: **Field Not Used**
21. Research Item: **Field Not Used**

22. Enter Address: **Y**
23. Significant Others: **N**

24. Client Alias Name: (System allows multiple aliases if applicable)
Last:_____   First:_____   Middle:_____

Screen 2

25. *Client Birth Name:
Last:_____   First:_____
26. *Birth place: _____   _____
     County   State
27. *Mother first name:_____

28. *Driver's License :

Number: (#/Z0/Z2/Z4): ____ ____
29. *State (State/Z0/Z2/Z4): ____ ____
30. SED Effective Date: **Field Not Use**
31. SED Expiration Date: **Filed Not Use**

Screen 3

32. **Prop47: **Y/N** (Y=yes/N=no)
   (**Has the client been arrested?**)
Prop47 Date ID: **MM/DD/YYYY**

33. Client DOD: **(view only)**

Screen 4

34. Client Address:
Street:_____
City:_____   State: ____ ____   Zip Code + 4: ___ ___ ___ ___ ___ + ___ ___ ___ ___   *CalOMS Zip Code: ___ ___ ___ ___ ___
Telephone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___   Ext._____

35. **Client Significant Others Screen**

Name Last:_____   First_____   Effective Date: ___ ___ / ___ ___ / ___ ___ ___ ___

Relationship to Client: _____   Expiration Date: ___ ___ / ___ ___ / ___ ___ ___ ___

Street
Number:_____
Direction:_____
Name:_____
Type: _____
Apartment_____

City:_____
State:___ ___   Zip Code:00000+0000
Country:

Home Phone: (___ ___ ___) ___ ___ ___ - ___ ___ ___ Ext: _____
Work Phone: (___ ___ ___) ___ ___ ___ - ___ ___ Ext: _____

Emergency Contact   Client's Guardian   Family Member
Don't Display on Rpts   Primary Care

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

Highlighted Fields are mandatory.   (*) Fields are required for CalOMS data collection.   (**) SUD/ODS Waiver   Updated (03/2018)

CLIENT REGISTRATION

Item 4 – Sex

F	Female		M	Male		U	Unknown

Item 7 – Education: Enter in the number indicating the **highest grade** completed. If the highest grade is greater than 20, enter "20", enter Z0 if the client declines to state or Z4 if the client is unable to answer.

00	None		Z0	Client Declined to state
01-20	Grade Levels		Z4	Client Unable to Answer

Item 8 - Physical Disability

Section 503 of the Federal Rehabilitation Act of 1973 defines "disability" as a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of such an impairment, or being regarded as having such an impairment.

Circle and add the number codes to create the sum of all of the client's physical disabilities, as stated by the client, and enter the total in this field.

00	None	08	Physical Impairment/ Mobility	Z0	Client Declined to State
01	Severe Visual Impairment	16	Developmentally Disabled	Z4	Client Unable to Answer
02	Severe Hearing Impairment	32	Other Physical Impairment		
04	Speech Impairment	64	Mental		

Item 9 - Preferred Language: Enter the **code** which best represents the client's preferred language, that is, the language the client would prefer to speak, as reported by the client.

A	English	H	Cambodian
B	Spanish	I	Sign ASL
C	Chinese Dialect	J	Other
D	Japanese		
E	Filipino Dialect		
F	Vietnamese		
G	Laotian		

Item 10 - Ethnicity

A	White	G	Laotian	L	Other	R	Samoan
B	Black	H	Cambodian	M	Unknown	S	Asian Indian
C	Native American	I	Japanese	N	Other Southeast Asian	T	Hawaiian
E	Chinese	J	Filipino	O	Alaska Native	U	Guamanian
F	Vietnamese	K	Other Asian	Q	Korean		

Item 11 - Hispanic Origin: Enter the appropriate number from the Hispanic origin **codes** listed below to indicate the client's Hispanic background as identified by the client.

1	Non-Hispanic	4	Puerto Rican
2	Mexican/ Mexican American	5	Other Latino
3	Cuban	6	Other Hispanic

Item 12- Marital Status: (NOTE) Code 1, Never married is used for a single person who does not live with girlfriend/boyfriend and has never been married.

1	Never Married	3	Widowed	5	Separated
2	Married/ Live Together	4	Divorced/ Dissolved	9	Unknown

Item 25 – Client Birth Name

Enter the name given at birth.

Item 26 – Birth Place

Enter the County / State of birth. Refer to County/State tables or the CalOMS Data Collection guide. Z3 is to be enter in as County field if the client was NOT born in California and in the State field if the client was NOT born in one of the 50 states or DC.

Item 27 – Mother's First Name

Enter Mother's first name. If the mother first name is unknown enter "Mother".

Item 28 – DL (Driver's License)

Enter Driver's License and the State that issued the license.

Item 32 – Prop47: Any client that has been arrested   Y/N(Y=YES/N=NO)

Item 34 - Home Address

Enter the client's **home address** with **Zip Code +4.** If the client is homeless, enter **Homeless** as the street name and enter the **Zip Code +4** for the **City Hall** of the city where the client indicates they most often sleep (in shelter or on the street).

Item 35 - Significant Other: Enter the **name, relationship, telephone number,** and **address**, of any person(s) who have an important relationship with the client. The relationships currently defined are:

Father	Husband	Relative	Friend	Therapist	Psych
Mother	Wife	Guardian	Partner	Physician	Prob Ofr
Son	Brother	Conservatr	Employer	Board Care	Parole Ofr
Daughter	Sister	Attorney	Minister		Other

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