Alameda County Behavioral Health Care Alcohol & Drug Division	(Print Legibly) 1 Client Number:
CLIENT EPISODE SUMMARY	2 Reporting Unit #:
Confidential Patient Information See Welfare & Institution Code 5328	
Client Name: Last	First MI:
	OPENING
Admit Date: Month Day Year	Screen 1 9 Admission Legal Status: 10 Admission Employment Status: 11 Client Pregnant at Admission (Y/N): 12 Client Homeless at Admission (Y/N): 13 Arrests in Last 24 Months (0-99): 14 Special Contract Number: (Use only if directed to use)
Initial Admission (Y/N):	op here if the client is a co-dependent)
15 Coded Remarks: 1 2 3 4 5 6 7	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
Screen 2 Primary Secondary Tertiary	
 No. of Prior Admits (0-9): Medication Prescribed Needles Used Past Yr. (Y/N): 	19 Problem: 20 Usual Route of Administration: 21 Frequency of Use:
	22 Age of First Use:
	23 Emergency Meth Admit (Y/N):
CLOSING	
Discharge Date: Month Day Year Referred To: Solution Discharge Status: Solution Employment Status: Solution	8 Primary Problem: 9 Frequency of Use: 10 Secondary Problem: 11 Tertiary Problem: 12 Coded Remarks: (Boxes 1-23 for State Use, 24-30 for County
5 Client Adherence To Treatment Plan (Y/N):	
6 Client Pregnant During Treatment (Y/N):	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

Completed by Opening _____ Date _____ Date _____

16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

AOD Client Episode Form.doc (6/01)

7 Follow-up on Referral Prior to Discharge (Y/N):

CLIENT EPISODE - OPENING Item 5 - Diagnosis 303.90 Alcohol Dependence 304.50 PCP/Hallucinogen Dependence 305.20 Cannabis Abuse 305.00 Alcohol Abuse 304.20 Cocaine Dependence 305.30 Hallucinogen Abuse 304.40 Amphetamine Dependence 305.60 Cocaine Abuse 305.90 PCP Abuse/Psychoactive Substance Abuse 305.70 Amphetamine Abuse 304.60 Inhalant Dependence NOS 304.10 Barbiturate or similarly acting sedative 305.90 Inhalant Abuse 304.90 Polysubstance Dependence/Psychoactive 304.00 Opioid Dependence dependence Substance Dependence 305.40 Barbiturate or similarly active sedative abuse 305.50 Opioid Abuse No diagnosis 304.30 Cannabis Dependence Item 6 - Referred From 15 Drug Outpatient 1 Fed/State Criminal Justice 8 Social Services 2 Local/County Criminal Justice 9 Community Agency 16 Alcohol Residential/Outpatient 3 Self 10 Mental Health 17 Telephone Directory 4 Family/Friend 11 Public Guardian 18 Brochure/Flyer/Newspaper/Newsletter 5 Employers 12 Public Health/Public Health Nursing 19 Other 6 School/College 13 Residential Care Facility 20 12 Step Program Medical; hospital/clinic/physicians/nurse 14 Drug Residential 21 SACPA Court Probation 22 SACPA Court Parole Item 7 - Admission Status 1 Substance Abuser 3 Adult Child of Substance Abuser 5 Parent of Substance Abuser 2. Spouse of Substance Abuser 4 Minor Child of Substance Abuser 6 Other Co-dependent of Substance Abuser Item 9 - Admission Legal Status 1 Not Applicable 3 On parole from any other jurisdiction 5 Admitted under diversion from any court 2 Under Parole Supervision by CDC 4 On probation from any federal, state or local jurisdiction 6 Incarcerated **Item 10 - Admission Employment Status** 01 Unemployed, has not sought employment in last 30 days 06 Homemaker, not seeking employment 02 Unemployed, has sought employment in last 30 days. 07 Part-time Student (less than 12 units), not seeking employment 03 Part time (less than 35 hours per week) 08 Full-time Student (12 units or more), not seeking employment 04 Full time (greater than 35 hours per week) 09 Part-time Employed Student 05 Homemaker, seeking employment 10 Disabled and Unemployed, not seeking employment Item 17 - Medication Prescribed 2 Methadone 3 Other 1 None Item 19 - Substance Problem - Primary, Secondary, Tertiary 01 Heroin 05 Methamphetamines 09 Marijuana/Hashish 13 Other Tranquilizers 17 Over the Counter 14 Non-Prescription Methadone 02 Alcohol 06 Other Amphetamines 10 PCP 21 Other (specify) 07 Other Stimulants 11 Other Hallucinogens 15 Other Opiates and Synthetics 22 None (Should never be 03 Barbiturates 04 Other Seds/Hypnotics 08 Cocaine 12 Benzodazephine 16 Inhalants listed as primary) Item 20 - Usual Route of Administration - Primary & Secondary 1 Oral 5 Other/Unknown 2 Smoking 4 Injection (IV or intramuscular) Item 21 - Frequency of Use - Primary & Secondary 1 No use prior month 3 1-2 times/week 5 Daily 2 1-3 times in past month 4 3-6 times/week **CLIENT EPISODE - CLOSING** Item 2 - Referred To - Refer to list in Item 7 Referred From above for codes. Item 3 - Discharge Status 1 Completed Treatment Plan/Goals 4 Terminated by the clinic fee non-compliance 7 Terminated by the clinic record open; no treatment 2 Left before completion with satisfactory progress

- Left before completion with unsatisfactory progress
- 5 Terminated by the clinic non-compliance with treatment plan
- 6 Terminated by the clinic for other administrative factors
- provided
- 8 Terminated by the clinic; incarcerated
- 9 Referred or transferred for further substance abuse treatment
- Item 4 Discharge Employment Status Refer to Item 10 Admission Employment Status above for codes.
- Item 8 Primary Problem Refer to Item 19 Substance Problem above for codes.
- Item 9 Frequency of Use Refer to Item 21 Frequency of Use above for codes.
- Item 10 Secondary Problem Refer to Item 19 Substance Problem above for codes.
- Item 11 Tertiary Problem Refer to Item 19 Substance Problem above for codes.
- Item 12 Coded Remarks Box 18 is to be used by Perinatal Services Network providers to indicate the frequency of use at discharge.