

(Print Legibly)

Data Entry Initials

**CLIENT ANNUAL EPISODE
UPDATE SUMMARY**

Confidential Patient Information
See Welfare & Institution Code 5328

1

Client Number:

2

Reporting Unit #:

INCLUDE AN UPDATED CLIENT REGISTRATION WHEN SUBMITTING AN ANNUAL EPISODE UPDATE SUMMARY!!!

Client Name: Last _____ First _____ MI: _____

Screen 1

3

Admit Date:
Month Day Year

6

Client Pregnant During Treatment (Y/N/Z1):

4

Annual Update Date:
Month Day Year

7

Admission Employment Status:

5

Staff #: Staff Name: _____

8

Current Living Situation (Homeless at Admission):

Screen 2

9

Problem:

Primary Secondary

Primary Drug Name _____

10

Usual Route of Administration:

Secondary Drug Name _____

11

Frequency of Use:

Enter Primary/Secondary Drug Name if Problem Code = (3, 4, 6, 7,

12

Age of First Use (Yrs/Z4):

11, 13, 15, 16, 17, 20, Z3)

Screen 3

In last 30 days, # of:

13

Alcohol Frequency (#/Z2):

21

Physical Health Problem:

14

IV User (#/Z0/Z4):

Emergency Room Visits (#/Z4):

15

Paid Days Worked (#/Z0/Z4):

Hospital Overnights (#/Z4):

16

Days in Jail: (#/Z4):

Physical Problem (#/Z4):

17

Days in Prison (#/Z4)

22

Mental Health Problem:

18

Days of 12 Step/Other (#):

Outpatient Emergency Services (#/Z4):

19

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

Hospital/Psychiatric Facility Visits (#/Z4)

20

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

Prescribed Medication Taken (Y/N/Z4):

Screen 4

23

Consent for Future Contact (Y/N):

27

Prior Mental Health Diagnosis (Y/N/Z1):

24

Enrolled in Job Training (Y/N/Z0/Z4):

28

Children Aged 17 or Less (#/Z4):

25

Enrolled in School (Y/N/Z0/Z4):

29

Children Aged 5 or Less (#/Z4):

26

Diagnosed With:

30

Children in CPS Placement (#/Z4):

HIV/AIDS Tested (Y/N/Z0/Z4):

31

Children in Placement with No Parental Rights(#/Z4)

HIV/AIDS Result (Y/N/Z0/Z4):

Z0 = Client Declines to State

Z1 = Not Sure/Don't Know

Z2 = Not Applicable

Z3 = Other

Z4 = Client Unable to Answer

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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 7 - Admission Employment Status

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

Item 8 – Current Living Situation

1 Homeless	2 Dependent Living	3 Independent Living
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Item 9 - Substance Problem - Primary, Secondary, Tertiary

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/Crack	13 Other Tranquilizers	18 OcyCodone/OcyContin	
04 Other Seds/Hypnotics	09 Marijuana/Hashish	14 Non-Prescription	19 Ecstasy	
05 Methamphetamines	10 PCP	Methadone	20 Other Club Drugs	
		15 Other Opiates and Synthetics		

Item 10 - 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 11 - Frequency of Use - Primary & Secondary

Enter the number of days	Z2 None or not applicable
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