

CLIENT EPISODE SUMMARY

Confidential Patient Information
See Welfare & Institution Code 5328

1

Client Number:

2

Reporting Unit #:

Client Name: Last First MI:

OPENING

Screen 1

3	Admit Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	9	Admission Legal Status:	<input type="text"/>
	Month Day Year	10	Admission Employment Status:	<input type="text"/>
4	Staff #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	11	Client Pregnant at Admission (Y/N/Z1)	<input type="text"/>
	Staff Name: <input type="text"/>	12	Current Living Situation (Homeless at Admission):	<input type="text"/>
5	Axis I: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	13	Arrests in Last 24 Months (0-99):	<input type="text"/>
	II: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	14	Special Contract County /Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	Referred From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
7	Admission Status: <input type="text"/>			
8	Initial Admission (Y/N): <input type="text"/>			
	CDC # (#/Z0/Z1/Z2/Z4)			
	Veteran (Y/N/Z0/Z4)			
	Medi-Cal Eligible (Y/N/Z4)			
	CalWORKs Recipient (Y/N/Z1)			
	CalWORKs Plan includes AOD Treatment (Y/N/Z1)			
15	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	1 2 3 4 5 6			
	10			
	17			
	22			
	23			

Refer to #14 on the reverse side and the CalOMS Data Collection Guide for further information

Screen 2

		Primary	Secondary
16	No. of Prior Admits (0-99/Z0/Z1/Z4):	<input type="text"/>	<input type="text"/>
17	Medication Prescribed:	<input type="text"/>	<input type="text"/>
18	Needles Used Past Yr. (Y/N/Z4):	<input type="text"/>	<input type="text"/>
19	Problem:	<input type="text"/>	<input type="text"/>
20	Usual Route of Administration:	<input type="text"/>	<input type="text"/>
21	Frequency of Use:	<input type="text"/>	<input type="text"/>
22	Age of First Use (Yrs/Z4):	<input type="text"/>	<input type="text"/>

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:

23	Alcohol Frequency (#/Z2):	<input type="text"/>	32	Physical Health Problem:	
24	IV User (#/Z0/Z4):	<input type="text"/>		Emergency Room Visits (#/Z4):	<input type="text"/>
25	Paid Days Worked (#/Z0/Z4):	<input type="text"/>		Hospital Overnights (#/Z4):	<input type="text"/>
26	Number of Arrests (#/Z4):	<input type="text"/>		Physical Problem (#/Z4):	<input type="text"/>
27	Days in Jail: (#/Z4):	<input type="text"/>	33	Mental Health Problem:	
28	Days in Prison (#/Z4):	<input type="text"/>		Outpatient Emergency Services (#/Z4):	<input type="text"/>
29	Days of 12 Step/Other (#):	<input type="text"/>		Hospital/Psychiatric Facility Visits (#/Z4):	<input type="text"/>
30	Days Living with Substance User (#/Z0/Z4):	<input type="text"/>		Prescribed Medication Taken (Y/N/Z4):	<input type="text"/>
31	Conflict Days with Family (#/Z0/Z4):	<input type="text"/>			

Screen 4			
34	Consent for Future Contact (Y/N):	<input type="checkbox"/>	
35	Treatment Waiting Days (#/Z1/Z4):	<input type="text"/>	<input type="text"/>
36	Enrolled in Job Training (Y/N/Z0/Z4):	<input type="text"/>	<input type="text"/>
37	Enrolled in School (Y/N/Z0/Z4):	<input type="text"/>	<input type="text"/>
38	Diagnosed With:		
	Tuberculosis (Y/N/Z0/Z4):	<input type="text"/>	<input type="text"/>
	Hepatitis C (Y/N/Z0/Z4):	<input type="text"/>	<input type="text"/>
	Sexually Transmitted Disease (Y/N/Z0/Z4):	<input type="text"/>	<input type="text"/>
	HIV/AIDS Tested (Y/N/Z0/Z4):	<input type="text"/>	<input type="text"/>
	HIV/AIDS Result (Y/N/Z0/Z4):	<input type="text"/>	<input type="text"/>
39	Prior Mental Health Diagnosis (Y/N/Z1):	<input type="text"/>	<input type="text"/>
40	Number of Children Aged 17 or Less (#/Z4):	<input type="text"/>	<input type="text"/>
41	Number of Children Aged 5 or Less (#/Z4):	<input type="text"/>	<input type="text"/>
42	Number of Children in CPS Placement (#/Z4):	<input type="text"/>	<input type="text"/>
43	Number of Children in Placement with No Parental Rights (#/Z4):	<input type="text"/>	<input type="text"/>
44	BASN Client ("Y" ONLY WHEN ENROLLED IN BASN RU):	<input type="checkbox"/>	
45	FTOP Parolee:		<input type="checkbox"/>
46	FTOP Priority Status:	<input type="text"/>	<input type="text"/>

CLIENT EPISODE - *OPENING*

Item 5 - Diagnosis

303.90 Alcohol Dependence	305.20 Cannabis Abuse	304.50 PCP/Hallucinogen Dependence
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 NOS
305.70 Amphetamine Abuse	304.60 Inhalant Dependence	304.90 Polysubstance Dependence/Psychoactive Substance Dependence
304.10 Barbiturate or similarly acting sedative dependence	305.90 Inhalant Abuse	799.9 Deferred diagnosis
305.40 Barbiturate or similarly active sedative abuse	304.00 Opioid Dependence	
304.30 Cannabis Dependence	305.50 Opioid Abuse	

1 Fed/State Criminal Justice	10 Mental Health	19 Other
2 Local/County Criminal Justice	11 Public Guardian	20 12 Step Program
3 Self	12 Public Health/Public Health Nursing	21 SACPA Court Probation
4 Family/Friend	13 Residential Care Facility	22 SACPA Court Parole
5 Employer	14 Drug Residential	23 DUI / DWI
6 School/College	15 Drug Outpatient	24 State Drug Partnership (DCP)
7 Medical; hospital/clinic/physicians/nurse	16 Alcohol Residential/Outpatient	25 Comprehensive Drug Court Implementation (CDCI)
8 Social Services	17 Telephone Directory	26 Dependency Court / Child Protective Services
9 Community Agency	18 Brochure/Flyer/Newspaper/Newsletter	

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

1 Not Applicable	4 On probation from any federal, state or local jurisdiction	7 Awaiting Trial
2 Under Parole Supervision by CDC	5 Admitted under diversion from any court	Z4 Unable to answer
3 On parole from any other jurisdiction	6 Incarcerated	

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	

1 Homeless	2 Dependent Living	3 Independent Living
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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	

1 None	2 Methadone	3 LAMM	4. Buprenorphine (Subutex)	5. Buprenorphine (Suboxone)	Z3. Other
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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	22 None (Secondary Only)
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		

1 Oral	3 Inhalant	Z2 None or not applicable
2 Smoking	4 Injection (IV or intramuscular)	Z3 Other

Enter the number of days	Z2 None or not applicable	
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