

## 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"/>	<input type="text"/>
		Month	Day	Year				10	Admission Employment Status:	<input type="text"/>	<input type="text"/>
4	Staff #:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Staff Name:	_____	11	Client Pregnant at Admission (Y/N/Z1)	<input type="text"/>	<input type="text"/>
5	Axis I:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	II:	<input type="text"/>	<input type="text"/>	12	Current Living Situation (Homeless at Admission):	<input type="text"/>
6	Referred From:	<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"/>	<input type="text"/>
7	Admission Status:	<input type="text"/>						14	Special Contract County /Number:	Z 2	Z 2
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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1	2	3	4	5	6	10	17	22

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

#### Screen 2

16	No. of Prior Admits (0-99/Z0/Z1/Z4):	<input type="text"/>	<input type="text"/>	19	Problem:	<input type="text"/>	<input type="text"/>	Primary	Secondary
17	Medication Prescribed:	<input type="text"/>	<input type="text"/>	20	Usual Route of Administration:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18	Needles Used Past Yr. (Y/N/Z4):	<input type="text"/>	<input type="text"/>	21	Frequency of Use:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				22	Age of First Use (Yrs/Z4):	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	32	Physical Health Problem:	
24	IV User (#/Z0/Z4):	<input type="text"/>	<input type="text"/>		Emergency Room Visits (#/Z4):	<input type="text"/>
25	Paid Days Worked (#/Z0/Z4):	<input type="text"/>	<input type="text"/>		Hospital Overnights (#/Z4):	<input type="text"/>
26	Number of Arrests (#/Z4):	<input type="text"/>	<input type="text"/>		Physical Problem (#/Z4):	<input type="text"/>
27	Days in Jail: (#/Z4):	<input type="text"/>	<input type="text"/>	33	Mental Health Problem:	
28	Days in Prison (#/Z4):	<input type="text"/>	<input type="text"/>		Outpatient Emergency Services (#/Z4):	<input type="text"/>
29	Days of 12 Step/Other (#):	<input type="text"/>	<input type="text"/>		Hospital/Psychiatric Facility Visits (#/Z4):	<input type="text"/>
30	Days Living with Substance User (#/Z0/Z4):	<input type="text"/>	<input type="text"/>		Prescribed Medication Taken (Y/N/Z4):	<input type="text"/>
31	Conflict Days with Family (#/Z0/Z4):	<input type="text"/>	<input type="text"/>			

Screen 4			
34	Consent for Future Contact (Y/N):	<input type="checkbox"/>	
35	Treatment Waiting Days (#/Z1/Z4):	<input type="text"/>	
36	Enrolled in Job Training (Y/N/Z0/Z4):	<input type="text"/>	
37	Enrolled in School (Y/N/Z0/Z4):	<input type="text"/>	
38	Diagnosed With:		
	Tuberculosis (Y/N/Z0/Z4):	<input type="text"/>	
	Hepatitis C (Y/N/Z0/Z4):	<input type="text"/>	
	Sexually Transmitted Disease (Y/N/Z0/Z4):	<input type="text"/>	
	HIV/AIDS Tested (Y/N/Z0/Z4):	<input type="text"/>	
	HIV/AIDS Result (Y/N/Z0/Z4):	<input type="text"/>	
39	Prior Mental Health Diagnosis (Y/N/Z1):	<input type="text"/>	
40	Number of Children Aged 17 or Less (#/Z4):	<input type="text"/>	
41	Number of Children Aged 5 or Less (#/Z4):	<input type="text"/>	
42	Number of Children in CPS Placement (#/Z4):	<input type="text"/>	
43	Number of Children in Placement with No Parental Rights (#/Z4):	<input type="text"/>	
44	BASN Client ("Y" ONLY WHEN ENROLLED IN BASN RU):	<input type="text"/>	
45	FTOP Parolee:	<input type="text"/>	N
46	FTOP Priority Status:	<input type="text"/>	Z 2

## CLIENT EPISODE - *OPENING*

**Item 5 - Diagnosis**

303.90 Alcohol Dependence	305.20 Cannabis Abuse	304.50 PCP/Hallucinogen Dependence
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<p><b>Item 6 - Referred From</b></p>	
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1 Fed/State Criminal Justice	10 Mental Health	19 Other
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**Item 7 - Admission Status**

1 Substance Abuser	3 Adult Child of Substance Abuser	5 Parent of Substance Abuser
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#### Item 9 - Admission Legal Status

1 Not Applicable	4 Post Release Community Service AB109 or On Parole from any	7 Awaiting Trial
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	6. Incarcerated	
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**Item 10. Admission/ Employment Status**

01 Full time (35 hours or more per week)	04 Unemployed not in the labor force (not seeking work)
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05 - Unemployed looking for work	
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**Item 12 - Current Living Situation**

1 Homeless	2 Dependent Living	3 Independent Living
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**Item 15 – Coded Remarks**

1-6	CDC Number (Only for clients in RU's ending in "2" BASN programs.
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	11/20/2018 11:00 AM	11/20/2018 11:00 AM	11/20/2018 11:00 AM	11/20/2018 11:00 AM
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**Item 17. Medication Prescribed**

1 None	2 Methadone	3 LAMM	4. Buprenorphine (Subutex)	5. Buprenorphine (Suboxone)	Z3. Other
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**Item 19 - Substance Problem – Primary & Secondary**

01 Heroin	06 Other Amphetamines	11 Other Hallucinogens	16 Inhalants	Z1 Unknown
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05 Methamphetamines	10 PCP	15 Other Stimulants and Psychotropics	20 Other Class Drugs
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**Item 20. Usual Route of Administration: Primary & Secondary**

1 Oral	3 Inhalant	Z2 None or not applicable
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**Item 21 - Frequency of Use - Primary & Secondary**

Enter the number of days	Z2 None or not applicable	
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AOD Client Episode Opening Form.doc (1/6/06) Rev: 1/26/12