

Data Entry Initials: ____

(Print Legibly)

Client Number: _____

Reporting Unit Number: _____

INCLUDE UPDATED CLIENT REGISTRATION DATA WHEN SUBMITTING ANNUAL EPISODE SUMMARY

Screen 1

1. * **Admit Date:** ____ / ____ / ____ 5. * **Annual Update Date:** ____ / ____ / ____ Type: ~~Field not used~~
- Month Day Year Month Day Year
2. * **Staff #:** ____ Staff Name: _____ 6. * **Client Pregnant During TX (Y/N/Z1):** ____
3. * **Admission Employment Status:** ____
4. * **Client Homeless:** ____ / ____

REFER TO CODES ON THE BACK

Screen 2

7. * **No. of Prior Admits (0-99/Z0/Z1/Z4):** ____
8. * **Medication Prescribed:** ____
9. * **Needles Used Past Yr. (Y/N/Z4):** ____

	Primary	Secondary	
10. * Problem:	____ / ____	____ / ____	
11. * Route of Administration:	____ / ____	____ / ____	
12. * Frequency of Use (0-30):	____ / ____	____ / ____	
13. * Age of First Use (Yrs/Z4):	____ / ____	____ / ____	

Enter Primary/ Secondary Drug Name if Problem Code = (3, 4, 6, 7, 11, 13, 15, 16, 17, 20, Z3)

*Primary Drug Name Adm: _____

*Primary Drug Name Dis: _____

Secondary Drug Name Adm: _____

Secondary Drug Name Dis: _____

Testing Schedule: ~~Field Not Used~~

Screen 3

In last 30 days, # of:

14. * **Alcohol Frequency (#/Z2):** ____ / ____ 23. **Physical Health Problem:**
15. * **IV User (#/Z0/Z4):** ____ / ____ * **Emergency Room Visits (#/Z4):** ____ / ____
16. * **Paid Days Worked (#/Z0/Z4):** ____ / ____ * **Hospital Overnights (#/Z4):** ____ / ____
17. * **Number of Arrests (#/Z4):** ____ / ____ * **Physical Problem (#/Z4):** ____ / ____
18. * **Days in Jail: (#/Z4):** ____ / ____
19. * **Days in Prison (#/Z4):** ____ / ____ 24. **Mental Health Problem:**
20. * **Days of 12 Step/Other (#):** ____ / ____ * **Outpatient Emergency Services (#/Z4):** ____ / ____
21. * **Days Living with Substance User (#/Z0/Z4):** ____ / ____ * **Hospital/Psychiatric Facility Visits (#/Z4):** ____ / ____
22. * **Conflict Days with Family (#/Z0/Z4):** ____ / ____ * **Prescribed Medication Taken (Y/N/Z4):** ____ / ____

Screen 4

25. * **Consent for Future Contact (Y/N):** ____ / ____ 39. * **CDC# (#/Z0/Z1/Z2/Z4):** ____
26. * **Treatment Waiting Days (#/Z1/Z4):** ____ / ____ 40. * **Veteran (Y/N/Z0/Z4):** ____
27. * **Enrolled in Job Training (Y/N/Z0/Z4):** ____ / ____ 41. * **Medi-Cal Eligible (Y/N/Z4):** ____
28. * **Enrolled in School (Y/N/Z0/Z4):** ____ / ____ 42. * **CalWORKs Recipient: (Y/N/Z1):** ____
29. * **Diagnosed With Tuberculosis (Y/N/Z0/Z4):** ____ / ____ 43. * **CalWORKs Sub Abuse Trmt (Y/N/Z1):** ____
30. * **Diagnosed With Hepatitis C (Y/N/Z0/Z4):** ____ / ____ 44. **Parolee Services network(Y/N):** ____
31. * **Diagnosed With Sexually Transmitted Disease (Y/N/Z0/Z4):** ____ / ____ BASN Client ("Y" ONLY WHEN ENROLLED IN BASN RU)
32. * **HIV/AIDS Tested (Y/N/Z0/Z4):** ____ / ____ 45. * **FOTP Parolee:** (Default) **N**
33. * **HIV/AIDS Result (Y/N/Z0/Z4):** ____ / ____ 46. * **FOTP Priority Status:** (Default) **Z2**
34. * **Prior MH Diagnosis (Y/N/Z1):** ____ / ____
35. * **Number of Children Aged 17 or Less (#/Z4):** ____ / ____
36. * **Number of Children Aged 5 or Less (#/Z4):** ____ / ____
37. * **Number of Children in CPS Placement (#/Z4):** ____ / ____
38. * **Number of Children in Placement with No Parental Rights(#/Z4):** ____ / ____

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

Highlighted Fields are mandatory.

(*) Fields are required for CalOMS annual data collection (These are the only fields that are required for an annual update)

Note: Annual updates are required for those clients in treatment for twelve months or more, continuously in the same RU #. Annual update information can be collected as early as 60 days prior to the client's admission anniversary date.

ANNUAL EPISODE UPDATE

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 3 - Admission Employment Status

01 Full time (35 hours or more per week) 02 Part time (less than 35 hours per week) 03 Unemployed looking for work	04 Unemployed not in the labor force (not seeking work) 05 Not in the labor force (not seeking work)
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Item 4 – Client Homeless at Admission

1 Homeless	2 Dependent Living	3 Independent Living
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Item 10 - Substance Problem – Primary & Secondary

Heroin	06	Other Amphetamines	11	Other Hallucinogens	16	Inhalants	Z1	Unknown
Alcohol	07	Other Stimulants	12	Benzodazepine	17	Over the Counter	Z3	Other (specify)
Barbiturates	08	Cocaine/Crack	13	Other Tranquilizers	18	OcyCodone/OcyContin	22	None (Secondary Only)
Other Seds/Hypnotics	09	Marijuana/Hashish	14	Non-Prescription Methadone	19	Ecstasy		
Methamphetamines	10	PCP	15	Other Opiates and Synthetics	20	Other Club Drugs		

Item 11 - 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 13 - Frequency of Use in the Last 30 days - Primary & Secondary

Enter the number of days	Z2 None or not applicable
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