

Data Entry Initials: \_\_\_ \_\_\_ \_\_\_

**(Print Legibly)**

# CLIENT EPISODE CLOSING DATA ENTRY FORM

Client Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Confidential Patient Information  
See Welfare & Institution Code 5328

Reporting Unit Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

## ADMINISTRATIVE DISCHARGE CLOSING

\* **Client Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI: \_\_\_\_\_

Client Number: \_\_\_\_\_  
Administrative Discharge: \_\_\_\_\_

RU: \_\_\_\_\_

After entering RU# - tab ADMINISTRATIVE DISCHARGE filed enter "Y" to invoke the Administrative screen.

### Screen 1

1. \* **Discharge Date:** \_\_\_\_\_  
Month Day Year

2. \* **Discharge Status:** \_\_\_\_\_

Standard Discharged Codes only 4,6,7,8

3. \* **Client Pregnant During Treatment (Y/N/Z1):** \_\_\_\_\_

4. \* **Primary Problem:** \_\_\_\_\_

5. \* **Primary Drug Name:** \_\_\_\_\_

#### Item 2 - Discharge Status

4 Left Before Completion w / Satisfactory Progress / Not Referred	7 Death
6 Left Before Completion w / Unsatisfactory Progress / Not Referred	8 Incarceration

#### Item 4- Substance Problem

01 Heroin	06 Other Amphetamines	11 Other Hallucinogens	16 Inhalants	Z1 Unknown
02 Alcohol	07 Other Stimulants	12 Benzodiazepine	17 Over the Counter	Z3 Other (specify)
03 Barbiturates	08 Cocaine/Crack0	13 Other Tranquilizers	18 OxyCodone/OxyContin	22 None
04 Other Seds/Hypnotics	09 Marijuana/Hashish	14 Non-Prescription Methadone	19 Ecstasy	
05 Methamphetamines	10 PCP	15 Other Opiates and Synthetics	20 Other Club Drugs	

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

(\*) Fields are required for CalOMS data collection

Highlighted fields are mandatory