

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: \_\_\_\_\_

**Screen 1**

1. **(!)(\*)** Discharge Date: \_\_\_ \_\_\_ \_\_\_  
Month Day Year

2. **(!)(\*)** Discharge Status: \_\_\_\_\_

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/Crack	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**

**(!) MANDATORY FIELDS**

**(\*) Fields are required for CalOMS data collection**