

Alameda County Behavioral Health
Alcohol & Drug Division

SUD Client Data Form

Confidential Patient Information
See Welfare & Institutions Code: 5328

New Registration: _____ Update: _____
Data Entry Initials: _____
SmartCare Client ID Number: _____ (Insert NEW for new clients)
Program: _____
Client Last Name: _____
Client First Name: _____
Client Middle Initial: _____

Highlighted fields are **required**

General (TAB):

General Information:

Type Of Client: System Informational Field Only

Client SSN _____ (enter clients 9-digit Social Security Number)

~~Primary Care Coordinator:~~ Field not used at this time

~~Medical Provider:~~ Field not used at this time

Prefix: _____ (Optional)

Client's Email: _____ (Optional) Active: System Informational Field Only

Client's Medi-Cal ID: System Information Field Only

~~Professional Suffix:~~ Field not used

~~Medicare Beneficiary:~~ Field not used

~~Client Portals:~~ Field not used

Client's First Name At Birth: _____ (enter Same if same as client's current First Name)

Client's Middle Name At Birth: _____ (enter Same if same as client's current Middle Name)

Client's Last Name At Birth: _____ (enter Same if same as client's current Last Name)

Client's Suffix at Birth: _____ (enter Same if same as client's current Suffix name)

Phone Numbers:

Home: _____ (Client's Home Phone Number) Optional

Mobile: _____ (Client's Secondary Phone Number) Optional

~~DNC:~~ Field not used at this time

~~DNLM:~~ Field not used at this time

Addresses:

Address Details: Enter Clients Home Address

Street: _____

City: _____

State: _____

Zip: _____ (zip +4 not required)

Billing: (Check If The Billing Address Is The Same As Home Address)

Comment: Field not used at this time

Demographic And Client Information (TAB):

Identifying Information:

Date Of Birth: _____ (Date Client Was Born)

Sex: _____ (Client's Sex At Birth)

Marital Status: _____

Gender Identity: _____

Sexual Orientation: _____

~~Deceased-Of:~~ Do Not Complete this field

~~Cause-Of-Death:~~ Do Not Complete this field

Preferred Pronoun: _____

Ethnicity: (multi-select field)

- Cuban
- Mexican/Mexican American
- Other Hispanic
- Puerto Rican
- Nicaraguan
- Non-Hispanic
- Other Latino
- Salvadoran
- South American

Race: (multi-select field)

- Alaskan Native
- American Indian
- Asian Indian
- Black or African American
- Cambodian
- Chinese
- Filipino
- Guamanian
- Hmong
- Japanese
- Korean
- Laotian
- Mien
- Mixed Race/Multiracial
- Other Asian
- Other Pacific Islander
- Other Southeast Asian
- Unknown/Not Reported
- Vietnamese
- White or Caucasian

~~Client Declined To Provide:~~ Field not used

Alias (TAB):

First Name: _____

Middle Name: _____

Last Name: _____

Type: _____

First Name: _____

Middle Name: _____

Last Name: _____

Type: _____

Client Contacts (TAB): Optional at this time (if information is collected, complete the required fields to insert and save the Client Contact information)

Relation: _____ (Enter Relationship)

First Name: _____ (enter Relationship First name)

Last Name: _____ (enter Relationship Last Name)

Suffix: _____ (enter Relationship suffix name if applicable)

Check Whether the Client's Relation is the Following:

- Financially Responsible
- Household Member
- Emergency Contact
- Care Team Member
- Guardian
- Healthcare Decision Maker

Phone Numbers:

Home: (Client's Home Phone Number) Optional
Mobile: (Client's Secondary Phone Number) Optional
~~DNC:~~ Field not used at this time
~~DNLM:~~ Field not used at this time

Addresses: (Optional)

Address Details: Enter Clients Home Address

Street: _____
City: _____
State: _____
Zip: _____ (zip +4 not required)

Program Enrollment:

***Program Name:** _____ **Primary** System Informational Field Only
***Current Status:** _____
***Assigned Staff:** _____ ~~Requested Date:~~ (Field not used)
***Enrolled Date:** _____ Discharged Date: (field not used at Admission)
~~Next Schedule Service:~~(Field not used)

Comment: Field not used at this time

Program Discharge:

***Program Name:** _____ **Primary** System Informational Field Only
***Current Status:** _____
***Assigned Staff:** _____ ~~Requested Date:~~ (Field not used)
Enrolled Date: (Field not used at Discharge) ***Discharged Date:** _____
***Discharge Reason:** _____
~~Next Schedule Service:~~(Field not used)

Comment: Field not used at this time