

SUD Discharge Administrative

Confidential Patient Information
See Welfare & Institutions Code: 5328

Data Entry Initials: _____

SmartCare Client ID Number: _____ (For data entry personnel)

***Program:** _____

Please Print Legibly

Highlighted fields are required

*Asterisk fields are required for CalOMS data reporting

General (tab):

CalOMS Episode Information Section:

Transaction Type: Discharge

***CalOMS Program/FSN:** _____

Admission Date: *Auto-populates from registration* ***Discharge Date:** _____

***Discharge Status:** Left Before Completion w/ Satisfactory Progress Left Before Completion w/ Unsatisfactory Progress Incarcerated Death

General Information Section:

***Current First Name:** _____ ***First Name at Birth:** _____ Same as current first name

***Current Last Name:** _____ ***Last Name at Birth:** _____ Same as current last name

Middle Name: _____ Suffix: _____ ***Date of Birth:** *Auto-populates from registration* ***SSN:** *Auto-populates from registration*

Unable to Obtain SSN Reason: Client Declined None/Not Applicable Client Unable to Answer

General Demographics Section:

***What is the client's gender?** _____

***Zip Code:** _____ Client Declined to state Client Unable to Answer

Additional Demographics Information Section:

Birth State: _____ **Birth County:** _____ Other (Born Outside California)

***Driver's License State:** _____ ***Driver's License Number:** _____ Client Declined None/Not Applicable Client Unable to Answer

***Mother's First Name:** _____ (If unknown, enter "Mother" as first Name)

Family Information Section:

***If the client is not male, was the client pregnant at any time during treatment? If discharge or annual update, ask: Were you pregnant at any time during treatment?** Yes No

SUD, Medical & Mental Health (tab):

Substance Use Information Section:

Primary Drug Information

***What is the client's primary alcohol or drug problem?** _____