

# SUD Annual/Discharge (Client)

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:** \_\_\_\_\_

**\*Is there a consent form allowing future possible contact, signed by the client, on file within your agency?**  Yes  No

#### 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 current living arrangement?** \_\_\_\_\_

**\*Zip Code:** \_\_\_\_\_  Client Declined to state  Client Unable to Answer

**\*What is the client's gender?** \_\_\_\_\_

#### 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

**\*# of Dependents:** \_\_\_\_\_ (if none, enter "0")

**\*How many children does the client have aged 17 or less (birth or adopted), whether they live with the client or not?** \_\_\_\_\_  Client Unable to Answer

**\*How many children does the client have aged 5 or younger?** \_\_\_\_\_  Client Unable to Answer

Clients Name: \_\_\_\_\_

\*How many of the client's children aged 17 and under are living with someone else because of a child protection court order? \_\_\_\_\_  Client Unable to Answer

\*If the client has children living with someone else because of a child protection court order, how many of these children aged 17 or under have the client's parental rights been terminated? \_\_\_\_\_  Client Unable to Answer

# of Household Members: \_\_\_\_\_ (if none, enter "0")

\*How many days in the past 30 days has the client had serious conflicts with members of their family? \_\_\_\_\_  Client Declined to State  
 Client Unable to Answer

### **Employment/Income/Insurance Section:**

\*What is the client's current employment status? \_\_\_\_\_

How many days was the client paid for working in the past 30 days? \_\_\_\_\_  Client Declined to State  Client Unable to Answer

\*Is the client currently enrolled in school?  Yes  No  Client Declined to State  Client Unable to Answer

\*Is the client currently enrolled in a job training program?  Yes  No  Client Declined to State  Client Unable to Answer

### **Legal Information Section:**

\*How many times has the client been arrested in the past 30 days? \_\_\_\_\_  Client Unable to Answer

\*How many days has the client been in jail in the past 30 days? \_\_\_\_\_  Client Unable to Answer

\*How many days has the client been in prison in the past 30 days? \_\_\_\_\_  Client Unable to Answer

### **SUD, Medical & Mental Health (tab):**

#### **Substance Use Information Section:**

##### **Primary Drug Information**

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

\*How many days in the past 30 days has the client used the primary drug? \_\_\_\_\_  None or not applicable

\*What is the client's usual route of administration they use most often for their primary drug of abuse? \_\_\_\_\_

\*What was the client's age of first use for the primary drug of abuse? \_\_\_\_\_  Client Unable to Answer

##### **Secondary Drug Information**

\*What is the client's primary alcohol or drug problem? \_\_\_\_\_ (Enter "None" if no secondary drug information.)

\*How many days in the past 30 days has the client used the primary drug? \_\_\_\_\_  None or Not Applicable

\*What is the client's usual route of administration they use most often for their primary drug of abuse? \_\_\_\_\_

\*What was the client's age of first use for the primary drug of abuse? \_\_\_\_\_  Client Unable to Answer

#### **Additional Substance Use Information Section**

\*How many days in the past 30 days has the client used alcohol? \_\_\_\_\_  None or Not Applicable

\*How many days has the client used needles to inject drugs in the past 30 days?  Client Declined to State  Client Unable to Answer

\*How many days in the last 30 days has the client participated in any social support recovery activities such as: 12-step meetings, other self-help meetings, religious / faith recovery or self-help meetings, meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery? \_\_\_\_\_ (enter "0" if none)

\*How many days in the past 30 days has the client lived with someone who uses alcohol or drugs? \_\_\_\_\_  
 Client Declined to State  Client Unable to Answer

#### **Mental Health Information Section**

\*Has the client ever been diagnosed with a mental illness.  Yes  No  Not Sure/Don't know

\*In the past 30 days, has the client taken prescribed medication for mental health needs?  Yes  No  Client Unable to Answer

Clients Name: \_\_\_\_\_

\*How many days in the past 30 days has the client stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs? \_\_\_\_\_  Client Unable to Answer

\*How many times in the past 30 days has the client received outpatient emergency services for mental health needs? \_\_\_\_\_  Client Unable to Answer

**Medical Information Section:**

\*How many times has the client visited an emergency room in the past 30 days? \_\_\_\_\_  Client Unable to Answer

\*How many days has the client stayed overnight in a hospital in the last 30 days for physical health problems? \_\_\_\_\_  Client Unable to Answer

\*How many days in the past 30 days has the client experienced physical health problems? \_\_\_\_\_  Client Unable to Answer

\*What type of disability/disabilities does the client have, if any? (multi-select field; select as many disabilities as applicable)

None  Visual  Hearing  Speech  Mobility  Mental  Developmentally Disabled  Other Disability (not SUD)  Client Declined to State  Client Unable to Answer

\*Has the client been tested for HIV/AIDS?  Yes  No  Client Declined to State  Client Unable to Answer

\*Does the client have the results of the HIV/AIDS Test?  Yes  No  Client Declined to State  Client Unable to Answer