

CLIENT FILE ORDER

Form #	Section 1: Intake/Financial
101	Client Tracking Form
102a,b	QAR Review Worksheets
	DMC Eligibility Printout
104a	Minor Children Information
104b	Brief ASAM Screening Tool
104c	Adult Initial Level of Care Assessment
104d	Adolescent Initial Level of Care Assessment
104e	Parent Guardian Initial Level of Care Assessment
	Client Fee Collection Form
	Copy of ID/Social Security Card/Medi-Cal Card
S107	Financial Responsibility & Info
	SanWITS Admission Profile Printout
	Additional Intake/Financial

Form #	Section 2: Consents
	Consent to Release Information
	Admissions Agreement/Consent for Treatment
203	Your Personal Rights At An AOD Certified Program
	42 CFR Written Summary Requirements
	Notice of Privacy Practices/HIPAA
	Consent to Follow Up
	Consent for Photo, TV, Video
208	Coordination of Care Consent
209	Acknowledgement of DMC-ODS Beneficiary Handbook and Provider Directory
210	SUD Program Admission Checklist
	Additional Policies and Consents

Form #	Section 3: Assessments
301	Stay Review Justification
302	Alcohol/Drug History
303	ASI/YAI
304	Co-Occurring Conditions Screening
305a,b	High Risk Assessment & Index(BHS)
306	ASAM LOC Recommendation
307	Assessment Summary
308	Diagnosis Determination Note
	Additional Assessments

Form #	Section 4: Health/Medical
401	Withdrawal Management Observation Log
402	Centrally Stored Medication List (Residential and Detox)
403	Health Questionnaire
404	TB Screening Questionnaire
	Copy of TB Test Results
406	Physician Direction Form
	MD Recommendations/Orders
	Proof of Pregnancy (Perinatal)
	Additional Medical Documents

Form #	Section 5: Planning
501	Initial Treatment Plan
502	Updated Treatment Plan
503	Addendum Treatment Plan
504	Recovery Services Individualized Recovery Plan
505	Treatment Effectiveness Assessment (TEA)
	Additional Planning Documents

Form #	Section 6: Progress Notes
601	SUD Treatment Progress Note
602a	Weekly Progress Note Residential - Narrative
602b	Weekly Progress Note Residential - Services
603	Residential or Withdrawal Management – Daily Progress Note
604	Outpatient Group Progress Note

Form #	Section 7: Discharge
701	Discharge Summary
704	Client Discharge Plan
	SanWITS Discharge Profile Printout
	Additional Discharge Documents

Form #	Section 8: Drug Test Results/Reports
801	Drug Test & Results Log
	Drug Test Results from Lab
	Progress Reports
	Referral Source Documents
806	FAX COVER SHEET - RSUD AUTH REQUEST
	SanWITS Residential Authorization Printout
	Additional Correspondence
	Additional Forms

	Indicates there is no standardized form. If the information is collected by your program, it would be placed in this position in the client file.
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