



Provider Id: _____
Client Name: _____
Client #: _____
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## CalOMS Profile

<b>CLIENT PROFILE</b>				<b>(*REQUIRED)</b>
<b>*Current First Name</b>	<b>State Client ID aka Unique Client Number</b> <small>(Auto-populates after data is saved)</small>		<b>State Client No</b> <small>(Auto-populates after data is saved)</small>	
<b>Middle Name</b>	<b>Provider Client ID</b> <small>(Internal Client # if applicable)</small>			
<b>*Current Last Name</b>	<b>*SSN</b>	<small>99900-Declined to State 99902-Not applicable (if client does not have a SSN)</small>	<small>99904-Unable to answer (only if client is in detox or developmentally disabled)</small>	
<b>*Birth First Name</b>	<b>*Driver's License #</b> <small>(State ID# is acceptable)</small>	<small>99900-Declined to State 99902-Not applicable (if client does not have a DL/ ID)</small>	<small>99904-Unable to answer (only if client is in detox or developmentally disabled)</small>	
<b>*Birth Last Name</b>	<b>*Driver's License State</b>			
<b>*Mother's First Name</b>	<b>Medicaid #</b>			
<b>*Gender</b>	<small>1-Male 2-Female 99903-Other</small>	<b>Date of Death</b> <small>(Client)</small>		
<b>*Place of Birth</b> <small>(CA County or 99903-Other)</small>	<b>*State</b>			
<b>*DOB</b>	<b>*Consent on File for Future Contact</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>No Readmit Until</b>	<b>Has Paper File</b> <small>(Always select YES)</small> <input type="checkbox"/> YES			
<b>ALTERNATE NAMES</b>				<b>(*REQUIRED)</b>
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>		
<b>ADDITIONAL INFORMATION</b>				<b>(*REQUIRED)</b>
<b>*Ethnicity</b> <small>(Select One)</small>	<small>1-Not Hispanic 2-Mexican/Mexican American 3-Cuban</small>		<small>4-Puerto Rican 5-Other Hispanic/Latino</small>	
<b>*Primary Race/Ethnicity</b> <small>(Select One)</small>	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Native American <input type="checkbox"/> Other	

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<b>ADDITIONAL INFORMATION</b>		<b>(*REQUIRED)</b>		
<b>*Races</b> (Select at least one; not to exceed 5)	1-White 2-Black/African American 3-American Indian 4-Alaskan Native 5-Asian Indian 6-Cambodian	7-Chinese 8-Filipino 9-Guamanian 10-Hawaiian 11-Japanese 12-Korean	13-Laotian 14-Samoan 15-Vietnamese 16-Other Asian 17-Other Race 18-Mixed Race	
<b>*Disabilities</b> (Select All That Apply)	1-None 2-Visual 3-Hearing 4-Speech	5-Mobility 6-Mental 7-Developmentally Disabled 8-Other Disability (Not AOD)	99900-Declined to State 99904-Unable to Answer (only if client is in detox)	
<b>General Client Comments</b>				
<b>Sexual Orientation</b> (Select One)	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay Male <input type="checkbox"/> Heterosexual	<input type="checkbox"/> Intersex <input type="checkbox"/> Lesbian <input type="checkbox"/> Questioning	<input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Decline to State	
<b>Religious Preference</b> (Select One)	<input type="checkbox"/> Agnostic <input type="checkbox"/> Babi & Baha'i Faith <input type="checkbox"/> Baptist <input type="checkbox"/> Bon <input type="checkbox"/> Brethren <input type="checkbox"/> Buddhism <input type="checkbox"/> Cao Dai <input type="checkbox"/> Celticism <input type="checkbox"/> Christian (non-Catholic) <input type="checkbox"/> Christian Scientist <input type="checkbox"/> Church of Christ <input type="checkbox"/> Church of God <input type="checkbox"/> Confucianism <input type="checkbox"/> Congregational <input type="checkbox"/> Cyberculture Religion <input type="checkbox"/> Disciples of Christ <input type="checkbox"/> Divination <input type="checkbox"/> Eastern Orthodox <input type="checkbox"/> Episcopal	<input type="checkbox"/> Evangelical Covenant <input type="checkbox"/> Fourth Way <input type="checkbox"/> Free Daism <input type="checkbox"/> Friends <input type="checkbox"/> Full Gospel <input type="checkbox"/> Gnosis <input type="checkbox"/> Hinduism <input type="checkbox"/> Humanism <input type="checkbox"/> Independent <input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Judaism <input type="checkbox"/> Latter Day Saints <input type="checkbox"/> Lutheran <input type="checkbox"/> Mahayana <input type="checkbox"/> Meditation <input type="checkbox"/> Messianic Judaism <input type="checkbox"/> Methodist	<input type="checkbox"/> Mitraism <input type="checkbox"/> Native American <input type="checkbox"/> Nazarene <input type="checkbox"/> New Age <input type="checkbox"/> None <input type="checkbox"/> Non-Roman Catholic <input type="checkbox"/> Occult <input type="checkbox"/> Orthodox <input type="checkbox"/> Other <input type="checkbox"/> Paganism <input type="checkbox"/> Pentecostal <input type="checkbox"/> Presbyterian <input type="checkbox"/> Process, The <input type="checkbox"/> Protestant <input type="checkbox"/> Protestant, No Denomination <input type="checkbox"/> Reformed <input type="checkbox"/> Reformed/ Presbyterian <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Salvation Army	<input type="checkbox"/> Scientology <input type="checkbox"/> Shamanism <input type="checkbox"/> Shiite (Islam) <input type="checkbox"/> Shinto <input type="checkbox"/> Sikism <input type="checkbox"/> Spiritualism <input type="checkbox"/> Sunni (Islam) <input type="checkbox"/> Taoism <input type="checkbox"/> Theravada <input type="checkbox"/> Unitarian Universalism <input type="checkbox"/> Unitarian Universalist <input type="checkbox"/> United Church of Christ <input type="checkbox"/> Universal Life Church <input type="checkbox"/> Vajrayana (Tibetan) <input type="checkbox"/> Veda <input type="checkbox"/> Voodoo <input type="checkbox"/> Wicca <input type="checkbox"/> Yaohushua <input type="checkbox"/> Zoroastrianism
<b>*Preferred Language</b> (Select One)	<input type="checkbox"/> English <input type="checkbox"/> American Sign Language <input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Braille <input type="checkbox"/> Cambodian <input type="checkbox"/> Cantonese <input type="checkbox"/> Chinese <input type="checkbox"/> Czech <input type="checkbox"/> Dutch <input type="checkbox"/> Fang Yan <input type="checkbox"/> Farsi <input type="checkbox"/> Finnish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Gujarati	<input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Hungarian <input type="checkbox"/> Ilocano <input type="checkbox"/> Indian (General) <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Lakota Sioux <input type="checkbox"/> Laotian <input type="checkbox"/> Large Print English <input type="checkbox"/> Malay <input type="checkbox"/> Mandarin <input type="checkbox"/> Marathi <input type="checkbox"/> Mien <input type="checkbox"/> Norwegian	<input type="checkbox"/> Other Language <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Puyallup <input type="checkbox"/> Romanian <input type="checkbox"/> Russian <input type="checkbox"/> Salish <input type="checkbox"/> Samoan <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Thai <input type="checkbox"/> Tigrigna <input type="checkbox"/> Turkish <input type="checkbox"/> Ukranian <input type="checkbox"/> Unknown Language <input type="checkbox"/> Vietnamese <input type="checkbox"/> Yakama	

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<b>Interpreter Needed</b>				
<input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>*Are you a veteran?</b>				
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client declined to state/99900 <input type="checkbox"/> Client unable to answer/99904 (Only if client is in detox or developmentally disabled)				
CONTACT INFO				(*REQUIRED)
<b>Home Phone #</b>		<b>Preferred Method of Contact</b>		1-Phone 2-Email 3-Letter
<b>Work Phone #</b>				
<b>Mobile #</b>				
<b>Other Phone #</b>				
<b>Fax #</b>				
<b>Email Address</b>				
<b>Address Type</b> (Select One)		1-Client Billing 2-Client Home 3-Client Mailing	4-Client Previous 5-Client Unknown 6-Client Work	<b>Confidential</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Address Line 1</b>				
<b>Address Line 2</b>				
<b>City</b>		<b>State</b>		<b>Zip</b>
PAYOR GROUP ENROLLMENT - for BILLING ONLY				(*REQUIRED)
<b>*Payor-Type</b>		<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Self-pay <input type="checkbox"/> Other <input type="checkbox"/> Group Insurance		
<b>Payor Priority Order</b>	<b>*Coverage Start Date</b> (mm /dd /yyyyy)	<b>Coverage End Date</b> (mm / dd / yyyyy)	<b>*Aid Code</b> (DMC Required)	
<input type="checkbox"/> 1 <input type="checkbox"/> 2				
<b>*Plan-Group</b>	<input type="checkbox"/> Medi-Cal-ADP-Perinatal / Medi-Cal-Perinatal <input type="checkbox"/> Medi-Cal-ADP-NonPerinatal / Medi-Cal-Non Perinatal		<b>Policy#</b>	
<b>Payment Scale</b>				

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PAYOR GROUP ENROLLMENT - for BILLING ONLY			(*REQUIRED)
*Relationship to Subscriber/Responsible Party			<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Life Partner <input type="checkbox"/> Child <input type="checkbox"/> Cadaver Donor <input type="checkbox"/> Employee <input type="checkbox"/> Organ Donor <input type="checkbox"/> Other Relationship <input type="checkbox"/> Unknown
<i>Subscriber / Responsible Party Info (Auto-populates when Subscriber/Responsible Party is "Self")</i>			
*First Name	Middle	*Last Name	
*Birthdate	*Gender	Subscriber#	
*Address 1			
Address 2			
*City	*State	*Zip	

\* Required Field