



Provider Id: _____
Client Name: _____
Client #: _____
Data Entry Date: _____
Data Entry Int: _____
CalOMS Serial #:W _____

SanWITS Contact Screen

CONTACT			(*REQUIRED)
*Initial Contact Date (Auto-populates to present date; IT MUST BE ORIGINAL DATE CLIENT MADE CONTACT)	*Stop Date (Auto-populates to present date- should be same date as initial contact date)	Created Date (Auto-populates when saved)	
Start Time (Auto-populates based on actual login time; If contact method = Phone, time should be changed to reflect actual start time of phone call)	*Stop Time (Required if Contact Method = Phone)	Duration (Auto-populates when saved)	
*Contact Method <input type="checkbox"/> Electronic <input type="checkbox"/> Phone <input type="checkbox"/> Walk-In	*Contact Reason <input type="checkbox"/> Information <input type="checkbox"/> Other <input type="checkbox"/> Routine Service	If Other, Specify	
*Source of Referral (Selection populates to the Intake screen and is read only; Important to review for accuracy before completing the review)	1- Individual, including self-referral 2- Alcohol/Drug Abuse Program 3- Other Health Care Provider 4- School/Educational 5- Employer/EAP 6- 12 Step Mutual Aid 7- Probation or Parole	8- Post-release Community Supervision (AB109) 9- DUI/DWI 10- Adult Felon Drug Court 11- Dependency Drug Court 12- Court/Criminal Justice Referral 13- Other Community Referral 14- Child Protective Services	
*Call Taker –(Auto-populates based on staff login; can be changed to reflect actual staff name)	Requestor Name	Requestor Phone #	
Contact Made By <input type="checkbox"/> Self <input type="checkbox"/> Family Member <input type="checkbox"/> Justice System <input type="checkbox"/> Other	* 1st Offered Intake/Screening Appt (Required when Disposition = Made Appointment)	* 1st Intake/Screening Appt Accepted (Required when Disposition = Made Appointment)	
* Benefit Type	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal/Medicare <input type="checkbox"/> No Insurance	<input type="checkbox"/> Other/Private Insurance <input type="checkbox"/> Tricare <input type="checkbox"/> Veterans Admin <input type="checkbox"/> NA (Use when No appointment is made)	
Presenting Needs			
*Disposition	<input type="checkbox"/> Made an Appointment <input type="checkbox"/> No Appointment Made <input type="checkbox"/> Declined Appointment	<input type="checkbox"/> Referred Out to Another Level of Care <input type="checkbox"/> Referred Out for Non-SUD Services <input type="checkbox"/> Referred to Private Insurance Carrier	
Notes			

*** Required Field**