County of San Diego
Behavioral Health Services

LIVE WELL
SAN DIEGO

SanWITS Intake Screen

INTAKE	(*REQUIRED)
*Intake Facility (Auto-populates; DO NOT CHANGE; if wrong facility, go to Home Page to select correct facility)	**Case #** (Auto-populates)
*Intake Staff (Auto-populates based on staff login; can be changed to reflect actual intake staff)	***Case Status** (Auto-populates) **1-Open Active**
*Manner of Contact (Auto-populates based on Contact Form)	***Initial Contact Date** (Auto-populates based on Contact Form)
*Residence (CA County)	***Intake Date** (mm / dd /yyyy)

*Source of Referral (Auto-populates based on Contact Form)	***Pregnant** ☐ YES ☐ NO (Auto-populates for Male)	***Due Date** (For pregnant females only)

Referral Contact	Referral Date

Assessment Date	***1st Offered Tx Appt**	***1st Tx Appt Accepted**

*Chronic Life-Threatening Illness (CLTI) ☐ YES ☐ NO ☐ UNKNOWN	***Injection Drug User** ☐ YES ☐ NO ☐ DENIES
Risk Categories ☐ Cognitive Impaired ☐ Foster Youth ☐ Homeless ☐ Isolated Elderly ☐ LGBTQ + ☐ Refugee ☐ Veterans ☐ Criminally Involved ☐ None	**Presenting Problem** (In client's own words)
Date Closed	***Closure Reason** (Reason required only if Date Closed is entered) ☐ Client Discharged ☐ Client left/No Treatment

*Required Field

BHS/SUD, S110 (07/18)