



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

## CalOMS Admission

<b>ADMISSION PROFILE</b>		<b>(*REQUIRED)</b>
<i>Screening</i>		
<b>Potential Client for MH</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Based on Screening Based on Referral Based on Testing Result	Court Ordered Treatment Court Ordered Screening/Assessment
<b>Potential Client for TBI</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Based on Screening Based on Referral Based on Testing Result	Court Ordered Treatment Court Ordered Screening/Assessment
<b>* Admission Date</b>	<b>Codependent/Collateral</b>	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>* Admission/Transaction Type</b>	1-Initial Admission 2-Transfer of Change in Service	
<b>* CalWORKs Recipient</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know		
<b>* Type of Treatment Service</b>	1-Nonresidential/Outpatient Treatment/Recovery 2-Nonresidential/Outpatient Day Program-intensive 3-Nonresidential/Outpatient Detoxification 5-Residential Detoxification (non-hospital) 6-Residential Treatment/recovery (30 days or less) 7-Residential Treatment/recovery (31 days or more)	
<b>* SA Tx Under CalWORKs</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know		
<b>* Submit to CalOMS</b>	All DHCS funded programs must submit CalOMS. Check with program manager if unsure.	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>* Number of Days Waited to Enter Tx</b>	Must select # between 0 and 999 99901-Not sure/don't know 99904-Unable to answer (only if client is in detox or developmentally disabled)	
Number of days waited for services due to unavailability of slots starting on the day client was accepted for treatment services, ending first day services began. Do not include days waited due to other circumstances unique to client's life.		
<b>* Special Services Contract ID (Always NA)</b>		
<input type="checkbox"/> NA		
<b>* Number of Prior Episodes</b>	<b>* Special Services/Contract County Code (Always Not Applicable)</b>	
	<input type="checkbox"/> Not Applicable	
<b>ADMISSION ADMINISTRATION</b>		<b>(*REQUIRED)</b>
<b>Program Fees</b>	<b>Intake Fees</b>	
<b>Drug Testing Participation</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know		
<b>Testing Level Indicator</b>	Amber Blue Bronze	Brown Cobalt Gold
	Green Jade Onyx	Opal Orange Pink
	Purple Red Rub	Silver Topaz White

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<b>ADMISSION ADMINISTRATION</b>		<b>(* REQUIRED)</b>
<b>Pictures Taken</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know		<b>Encounter Fees</b>
<b>*Special Population Program</b> (Funding Source)	1-Non BHS Contract 2-AB 109 Participant 3-CalWORKs Participant 4-Drug Court Participant	5-Juvenile Drug Court Participant 6-ReEntry Court Participant 7-Prop 47 Participant 8-PC 1000 Participant 9-None
<b>*How did you hear about us?</b>	1-Access and Crisis Line (ACL) 2-SUD/Prevention Brochures 3-County SUD Web Site 4-Help/Info Line (211) 5-Crim Justice i.e. Probation/Court/Parole/Law Enforcement 6-ER/Trauma/Hospital 7-Homeless Shelter	8-Mental Health Program 9-Primary Care Physician/Health Clinic 10- Family Member 11-Outreach Worker (HOW, HOT, etc.) 12-Return Participant 13-Other – Please Explain 14-Not Applicable
<b>If Other, Specify</b>		
<b>Administrative Checklist</b> (Select all that apply)	<input type="checkbox"/> Personal Rights Given <input type="checkbox"/> Emergency Contract release signed <input type="checkbox"/> Property Inventory done <input type="checkbox"/> Have the rules been read/signed <input type="checkbox"/> Medical assessment form	<input type="checkbox"/> Acknowledgement of receipt of privacy <input type="checkbox"/> Chemical Free agreement read/signed <input type="checkbox"/> Consent to Treatment <input type="checkbox"/> Health Questionnaire Given
<b>ALCOHOL &amp; DRUG USE</b>		<b>(* REQUIRED)</b>
<b>Primary Drug</b>		
<b>*Drug Type</b>	0-None (Will be rejected) 1-Heroin 2-Alcohol 3-Barbiturates+ 4-Other Sedatives or Hypnotics+ 5-Methamphetamines 6-Other Amphetamines+ 7-Other Stimulants+	
<b>Drug Name</b> (+Must specify name)	8-Cocain/Crack 9-Marijuana/Hashish 10-PCP 11-Other Hallucinogens+ 12-Tranquilizers (e.g.Benzodiazepine)+ 13-Other Tranquilizers+ 14-Non-Prescription Methadone 15-OxyCodone/OxyContin	
<b>*Number of Days Used in Past 30 Days</b>	Must select # between 0 and 30 99902-N/A or None	
<b>*Route of Administration</b>	1-Oral 2-Smoking 3-Inhalation 4-Injection (IV / intramuscular) 99902-None or not applicable (Will be rejected) 99903-Other	
<b>*Age of First Use</b>	Must select # between 5 and 105 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>Secondary Drug</b>		
<b>*Drug Type</b>	0-None 1-Heroin 2-Alcohol 3-Barbiturates+ 4-Other Sedatives or Hypnotics+ 5-Methamphetamines 6-Other Amphetamines+ 7-Other Stimulants+	
<b>Drug Name</b> (+Must specify name)	8-Cocain/Crack 9-Marijuana/Hashish 10-PCP 11-Other Hallucinogens+ 12-Tranquilizers (e.g. Benzodiazepine)+ 13-Other Tranquilizers+ 14-Non-Prescription Methadone 15-OxyCodone/OxyContin	
<b>*Drug Type</b>	16-Other Opiates or Synthetics+ 17-Inhalants+ 18-Over-the-Counter+ 19-Ecstasy 20-Other Club Drugs+ 99901-Unknown (Will be rejected) 99903-Other (specify)+	

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<b>ALCOHOL &amp; DRUG USE</b>		<b>(* REQUIRED)</b>																								
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<b>*Route of Administration</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1-Oral</td> <td style="width: 33%;">3-Inhalation</td> <td style="width: 33%;">99902-None or not applicable</td> </tr> <tr> <td>2-Smoking</td> <td>4-Injection (IV / intramuscular)</td> <td>99903-Other</td> </tr> </table>		1-Oral	3-Inhalation	99902-None or not applicable	2-Smoking	4-Injection (IV / intramuscular)	99903-Other																		
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<b>*Number of Days Alcohol Used in Past 30 Days</b>																										
Auto-populates if 1 <sup>st</sup> or 2 <sup>nd</sup> drug is alcohol Must select # between 0 and 30																										
<b>*Number of Days IV Used in Past 30 Days</b>	Must select # between 0 and 30 99900-Declined to state 99904-Unable to answer (only if client is in detox or developmentally disabled)																									
<b>*Used Needles in Past 12 Months</b>																										
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to Answer/99904 (only if client is in detox or developmentally disabled)																										
<b>Tertiary Drug</b>																										
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<b>TOBACCO / NICOTINE</b>		<b>(* REQUIRED)</b>																								
<b>*Have you ever used Tobacco/Nicotine products?</b>	<i>*Answering NO or UNKNOWN will cause remaining fields to auto-populate; if YES, continue answering the questions.</i>																									
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown																										
<b>*Smoker Status</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 66%;">Current every day smoker</td> <td style="width: 33%;">Smoke, current status unknown</td> </tr> <tr> <td>Current some day smoker</td> <td>Former smoker</td> </tr> </table>		Current every day smoker	Smoke, current status unknown	Current some day smoker	Former smoker																				
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Current some day smoker	Former smoker																									
<b>At what age did you first use tobacco/nicotine product(s)?</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1-&lt;=10</td> <td style="width: 33%;">4-20-25</td> <td style="width: 33%;">6-&gt;=31</td> </tr> <tr> <td>2-11-14</td> <td>5-26-30</td> <td>97-Unknown</td> </tr> <tr> <td>3-15-19</td> <td></td> <td></td> </tr> </table>		1-<=10	4-20-25	6->=31	2-11-14	5-26-30	97-Unknown	3-15-19																	
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2-11-14	5-26-30	97-Unknown																								
3-15-19																										
<b>In the past 30 days, what tobacco/nicotine product did you use most frequently?</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 66%;">0-No Tobacco Use</td> <td style="width: 33%;">3-Smokeless Tobacco</td> </tr> <tr> <td>1-Cigarettes</td> <td>4-Combo/more than 1</td> </tr> <tr> <td>2-Cigars or Pipes</td> <td></td> </tr> </table>		0-No Tobacco Use	3-Smokeless Tobacco	1-Cigarettes	4-Combo/more than 1	2-Cigars or Pipes																			
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\* Required Field



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<b>TOBACCO / NICOTINE</b>		<b>(*REQUIRED)</b>
<b>Other/Please Describe</b> <i>(Unable to add or modify information in this field – leave blank)</i>		
<b>In the past 30 days, how often did you use tobacco/nicotine product(s)?</b>	1- 1-3 times in the past 30 days 2- Once a week 3- 3-6 times a week 4- Daily	5- 3-6 times a day 6- More than 6 times a day 97- Unknown
<b>In the past 30 days, how many cigarettes did you smoke per week?</b>		
<b>FAMILY / SOCIAL</b>		<b>(*REQUIRED)</b>
<b>*Number of Days Social Support in Past 30</b>	Must select # between 0 and 30	
<b>*Current Living Arrangements</b>	1-Homeless 2-Dependent Living 3-Independent Living	
<b>*Number of Children Under 18</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Number of Children Age 5 or Less</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Number of Days Living w/User of Alcohol or Drugs in Past 30</b>	Must select # between 0 and 30 99900-Decline to state 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Number of Children Living w/Someone Else Because of a Child Protection Order</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Number of Days Family Conflict in Past 30</b>	Must select # between 0 and 30 99900-Decline to state 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Number of Children Living w/Someone Else for whom Parental Rights have been Terminated</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Current Zip Code</b>	00000-Homeless XXXXX-Declined to state ZZZZZ-Unable to answer (only if client is in detox or developmentally disabled)	
<b><i>Abuse Characteristics</i></b>		
<b>*Does episode involve physical abuse?</b>	1-N/A 2-Perpetrator 3-Victim	4-No 5-Unwilling to Answer
<b>*Does episode involve sexual abuse?</b>	1-N/A 2-Perpetrator 3-Victim	4-No 5-Unwilling to Answer
<b>*Does episode involve domestic abuse?</b>	1-N/A 2-Perpetrator 3-Victim	4-No 5-Unwilling to Answer

\* Required Field



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## CalOMS Admission

<b>EMPLOYMENT</b>		<b>(*REQUIRED)</b>																																				
<b>*Employment Status</b>	1-Employed Full Time (Includes self-employed; do not include volunteer hours) 2-Part time (Includes self-employed; do not include volunteer hours) 3-Unemployed looking for work 4-Unemployed not in the labor force (not seeking; students, homemaker, retired; injured on the job) 5-Not in the labor force (not seeking; unemployable due to disability)																																					
<b>*Number of Paid Work Days in Past 30</b>	Must select # between 0 and 30 99900-Decline to state 99904-Unable to answer (only if client is in detox or developmentally disabled)																																					
<b>*Enrolled in School</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)																																						
<b>*Enrolled in Job Training</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)																																						
<b>*Graduated from High School</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)																																						
<b>*Highest School Grade Completed</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">00-Kindergarten</td> <td style="width: 25%;">11-11<sup>th</sup> Grade</td> <td style="width: 25%;">22-22</td> </tr> <tr> <td>01-1<sup>st</sup> Grade</td> <td>12-12<sup>th</sup></td> <td>23-23</td> </tr> <tr> <td>02-2<sup>nd</sup> Grade</td> <td>Grade/GED</td> <td>24-24</td> </tr> <tr> <td>03-3<sup>rd</sup> Grade</td> <td>13-13</td> <td>25-25</td> </tr> <tr> <td>04-4<sup>th</sup> Grade</td> <td>14-14</td> <td>26-26</td> </tr> <tr> <td>05-5<sup>th</sup> Grade</td> <td>15-15</td> <td>27-27</td> </tr> <tr> <td>06-6<sup>th</sup> Grade</td> <td>16-16</td> <td>28-28</td> </tr> <tr> <td>07-7<sup>th</sup> Grade</td> <td>17-17</td> <td>29-29</td> </tr> <tr> <td>08-8<sup>th</sup> Grade</td> <td>18-18</td> <td>30-30 99900-Client declined to state</td> </tr> <tr> <td>09-9<sup>th</sup> Grade</td> <td>19-19</td> <td>99904-Client unable to answer (only if client is in detox or developmentally disabled)</td> </tr> <tr> <td>10-10<sup>th</sup> Grade</td> <td>20-20</td> <td></td> </tr> <tr> <td></td> <td>21-21</td> <td></td> </tr> </table>		00-Kindergarten	11-11 <sup>th</sup> Grade	22-22	01-1 <sup>st</sup> Grade	12-12 <sup>th</sup>	23-23	02-2 <sup>nd</sup> Grade	Grade/GED	24-24	03-3 <sup>rd</sup> Grade	13-13	25-25	04-4 <sup>th</sup> Grade	14-14	26-26	05-5 <sup>th</sup> Grade	15-15	27-27	06-6 <sup>th</sup> Grade	16-16	28-28	07-7 <sup>th</sup> Grade	17-17	29-29	08-8 <sup>th</sup> Grade	18-18	30-30 99900-Client declined to state	09-9 <sup>th</sup> Grade	19-19	99904-Client unable to answer (only if client is in detox or developmentally disabled)	10-10 <sup>th</sup> Grade	20-20			21-21	
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<b>LEGAL / CRIMINAL JUSTICE</b>		<b>(*REQUIRED)</b>																																				
<b>*Number of Arrests in Last 30 Days</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																					
<b>*Number of Jail Days in Last 30</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																					
<b>*Number of Prison Days in Last 30</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																					
<b>*Number of Arrests in Last 6 Months</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																					
<b>*Criminal Justice Status</b>	1-No criminal justice involvement 2-Under parole supervision from CDC 3-On parole from any other jurisdiction 4-Post-release Community Service (AB109) or on probation from any federal, state, or local jurisdiction 5-Admitted under other diversion from any court under CA Penal Code Section 1000 6-Incarcerated 7-Awaiting trial, charges or sentencing 99904-Unable to answer (only if client is in detox or developmentally disabled)																																					

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LEGAL / CRIMINAL JUSTICE		(*REQUIRED)
<b>Type of Sentence</b>		Conditional Sentence Formal Probation Parole
<b>*CDC Number</b>	99900-Declined to state    99904-Unable to answer (only if client is in detox or developmentally disabled) 99901-Not sure 99902-None	
CDC number is a valid six-character string of capital alpha (A-Z) and numeric (0-9) CDCR characters		
<b>*Parolee Services Network</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
<b>*FOTP</b> (Always select NO – not offered in San Diego County)		
<input type="checkbox"/> NO		
<b>*FOTP Priority Status</b> (Always select 99902)		
<input type="checkbox"/> 99902		
MEDICAL / PHYSICAL HEALTH		(*REQUIRED)
<b>*Number of Times Emergency Room in Past 30</b>	Must select # between 0 and 99 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Number of Hospital Overnights in Past 30 Days</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Number of Days Medical Problems in Past 30</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Medi-Cal Beneficiary</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
<b>*Medication Prescribed as Part of Tx</b>	1-None    4-Buprenorphine (Subutex) 2-Methadone                                    5-Buprenorphine (Suboxone) 3-LAAM     99903-Other	
Medications – Report Only medications prescribed by the provider for SUD treatment; this field is checked against the state’s Master Provider File to ensure the services being reported are consistent with what the provider is certified or licensed to provide.		
<b>*Communicable Diseases: Tuberculosis</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Declined to state/99900 <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
<b>*Communicable Diseases: Hepatitis C</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Declined to state/99900 <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
<b>*HIV Tested</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Declined to state/99900 <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
<b>*HIV Test Results Received</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Declined to state/99900 <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		

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<b>MEDICAL / PHYSICAL HEALTH</b>		<b>(*REQUIRED)</b>
<b>*Communicable Diseases: STD</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Declined to state/99900 <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
<b>*Pregnant at Admission</b>	(Auto-populates based on gender and previous pregnancy questions.)	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>MENTAL HEALTH</b>		<b>(*REQUIRED)</b>
<b>*Mental Illness Diagnosed</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NotSure/Don't Know/99901		
<b>*Number of Times Outpatient Emergency MH Services in Past 30 Days</b>	Must select # between 0 and 99 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Number of 24hr Psychiatric Facility Stays in Past 30 Days</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Mental Health Medication in Past 30 Days</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
<b>*Suicide Attempts</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>*Was the attempt in the last 30 days? (*Required field if suicide answer is YES)</b>		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>PROGRAM ENROLLMENT</b>		<b>(*REQUIRED)</b>
<b>*Facility</b> Auto-populates		
<b>*Program Name</b>	Must select from pre-set programs under facility If the program is not available, contact the ADS help desk	
<b>*Program Staff</b> Auto-populates		
<b>*Start Date</b>	<b>*End Date</b> (Applicable when treatment ends)	
<b>*Termination Reason</b> (Required when treatment end date is selected)	1-Completed Treatment/Recovery Plan, Goals, Referred 2-Completed Treatment/Recovery Plan, Goals, Not Referred 3-Left Before Completion w/Satisfactory Progress/Referred 4-Left Before Completion w/Satisfactory Progress/Not Referred 5-Left Before Completion w/Unsatisfactory Progress/ Referred 6-Left Before Completion w/Unsatisfactory Progress/Not Referred 7-Death 8-Incarceration 9-Transferred to another program at this facility	

**\* Required Field**