



CalOMS Annual Update

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

CALOMS ANNUAL UPDATE/FOLLOW-UP PROFILE (* REQUIRED)

*CalOMS Annual Update Date (mm / dd / yyyy)

CalOMS Annual Update # (Auto-populates)

ALCOHOL & DRUG USE AT ANNUAL UPDATE (* REQUIRED)

Primary Drug

*Drug Type	0-None (Will be rejected) 1-Heroin 2-Alcohol 3-Barbiturates+	8-Cocain/Crack 9-Marijuana/Hashish 10-PCP 11-Other Hallucinogens+	16-Other Opiates or Synthetics+ 17-Inhalants+ 18-Over-the-Counter+ 19-Ecstasy
Drug Name (+Must specify name)	4-Other Sedatives or Hypnotics+ 5-Methamphetamines 6-Other Amphetamines+ 7-Other Stimulants+	12-Tranquilizers (e.g. Benzodiazepine)+ 13-Other Tranquilizers+ 14-Non-Prescription Methadone 15-OxyCodone/OxyContin	20-Other Club Drugs+ 99901-Unknown (Will be rejected) 99903-Other (specify)+

*Number of Days Used in Past 30 Days Must select # between 0 and 30
99902-N/A or None

*Route of Administration

1-Oral	3-Inhalation	99902-None or not applicable (Will be rejected)
2-Smoking	4-Injection (IV / intramuscular)	99903-Other

Secondary Drug

*Drug Type	0-None 1-Heroin 2-Alcohol 3-Barbiturates+	8-Cocain/Crack 9-Marijuana/Hashish 10-PCP 11-Other Hallucinogens+	16-Other Opiates or Synthetics+ 17-Inhalants+ 18-Over-the-Counter+ 19-Ecstasy
Drug Name (+Must specify name)	4-Other Sedatives or Hypnotics+ 5-Methamphetamines 6-Other Amphetamines+ 7-Other Stimulants+	12-Tranquilizers (e.g. Benzodiazepine)+ 13-Other Tranquilizers+ 14-Non-Prescription Methadone 15-OxyCodone/OxyContin	20-Other Club Drugs+ 99901-Unknown (Will be rejected) 99903-Other (specify)+

*Number of Days Used in Past 30 Days Must select # between 0 and 30
99902-N/A or None

*Route of Administration

1-Oral	3-Inhalation	99902-None or not applicable
2-Smoking	4-Injection (IV / intramuscular)	99903-Other

*Number of Days Alcohol Used in Past 30 Days Auto-populates if 1st or 2nd drug is alcohol
Must select # between 0 and 30

*Number of Days IV Used in Past 30 Days Must select # between 0 and 30
99900-Declined to state
99904-Unable to answer (only if client is in detox or developmentally disabled)

*Used Needles in Past 12 Months

YES NO Unable to answer/99904 (only if client is in detox or developmentally disabled)

FAMILY/SOCIAL AT ANNUAL UPDATE (* REQUIRED)

*Number of Days Social Support in Past 30 Must select # between 0 and 30

*Required Field



CalOMS Annual Update

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

FAMILY/SOCIAL AT ANNUAL UPDATE (* REQUIRED)

*Number of Children Under 18	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)
*Current Living Arrangements	1-Homeless 2-Dependent Living 3-Independent Living
*Number of Children Age 5 or Less	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)
*Number of Days Living w/User of Alcohol or Drugs in Past 30	Must select # between 0 and 30 99900-Decline to state 99904-Unable to answer (only if client is in detox or developmentally disabled)
*Number of Children Living w/Someone Else Because of a Child Protection Order	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)
*Number of Days Family Conflict in Past 30	Must select # between 0 and 30 99900-Decline to state 99904-Unable to answer (only if client is in detox or developmentally disabled)
*Number of Children Living w/Someone Else for whom Parental Rights have been Terminated	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)
*Current Zip Code	00000-Homeless XXXXX-Declined to state ZZZZZ-Unable to answer (Only if client is in detox or developmentally disabled)

EMPLOYMENT AT ANNUAL UPDATE (* REQUIRED)

*Employment Status	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)
*Number of Paid Work Days in Past 30	Must select # between 0 and 30 99900-Decline to state 99904-Unable to answer (only if client is in detox or developmentally disabled)
*Enrolled in School	
<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)	
*Enrolled in Job Training	
<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)	
*Graduated from High School	
<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)	

*Required Field



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

CalOMS Annual Update

EMPLOYMENT AT ANNUAL UPDATE		(*REQUIRED)																																	
Highest School Grade Completed	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">00-Kindergarten</td> <td style="width: 33%;">11-11th Grade</td> <td style="width: 33%;">22-22</td> </tr> <tr> <td>01-1st Grade</td> <td>12-12th Grade/GED</td> <td>23-23</td> </tr> <tr> <td>02-2nd Grade</td> <td>13-13</td> <td>24-24</td> </tr> <tr> <td>03-3rd Grade</td> <td>14-14</td> <td>25-25</td> </tr> <tr> <td>04-4th Grade</td> <td>15-15</td> <td>26-26</td> </tr> <tr> <td>05-5th Grade</td> <td>16-16</td> <td>27-27</td> </tr> <tr> <td>06-6th Grade</td> <td>17-17</td> <td>28-28</td> </tr> <tr> <td>07-7th Grade</td> <td>18-18</td> <td>29-29</td> </tr> <tr> <td>08-8th Grade</td> <td>19-19</td> <td>30-30 99900-Client declined to state</td> </tr> <tr> <td>09-9th Grade</td> <td>20-20</td> <td>99904-Unable to answer (only if client is in detox or developmentally disabled)</td> </tr> <tr> <td>10-10th Grade</td> <td>21-21</td> <td></td> </tr> </table>	00-Kindergarten	11-11 th Grade	22-22	01-1 st Grade	12-12 th Grade/GED	23-23	02-2 nd Grade	13-13	24-24	03-3 rd Grade	14-14	25-25	04-4 th Grade	15-15	26-26	05-5 th Grade	16-16	27-27	06-6 th Grade	17-17	28-28	07-7 th Grade	18-18	29-29	08-8 th Grade	19-19	30-30 99900-Client declined to state	09-9 th Grade	20-20	99904-Unable to answer (only if client is in detox or developmentally disabled)	10-10 th Grade	21-21		
00-Kindergarten	11-11 th Grade	22-22																																	
01-1 st Grade	12-12 th Grade/GED	23-23																																	
02-2 nd Grade	13-13	24-24																																	
03-3 rd Grade	14-14	25-25																																	
04-4 th Grade	15-15	26-26																																	
05-5 th Grade	16-16	27-27																																	
06-6 th Grade	17-17	28-28																																	
07-7 th Grade	18-18	29-29																																	
08-8 th Grade	19-19	30-30 99900-Client declined to state																																	
09-9 th Grade	20-20	99904-Unable to answer (only if client is in detox or developmentally disabled)																																	
10-10 th Grade	21-21																																		
LEGAL/CRIMINAL JUSTICE AT ANNUAL UPDATE		(*REQUIRED)																																	
*Number of Arrests in Last 30 Days	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																		
*Number of Jail Days in Last 30	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																		
*Number of Prison Days in Last 30	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																		
*Number of Arrests in Last 6 Months	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																		
Criminal Justice Status	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)																																		
MEDICAL/PHYSICAL HEALTH AT ANNUAL UPDATE		(*REQUIRED)																																	
*Number of Times Emergency Room in Past 30	Must select # between 0 and 99 99904-Unable to answer (only if client is in detox or developmentally disabled)																																		
*Number of Hospital Overnights in Past 30 Days	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																		
*Number of Days Medical Problems in Past 30	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)																																		
*HIV Tested																																			
<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)																																			
*HIV Test Results Received																																			
<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)																																			

*Required Field



CalOMS Annual Update

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

MEDICAL/PHYSICAL HEALTH AT ANNUAL UPDATE (* REQUIRED)

<p>*Pregnant at Admission</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>(Auto-populates based on gender and previous pregnancy questions.)</p>
---	---

MENTAL HEALTH AT ANNUAL UPDATE (* REQUIRED)

<p>*Mental Illness Diagnosed</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know/99901</p>
--

<p>*Number of Times Outpatient Emergency MH Services in Past 30 Days</p>	<p>Must select # between 0 and 99 99904-Unable to answer (only if client is in detox or developmentally disabled)</p>
---	--

<p>*Number of 24hr Psychiatric Facility Stays in Past 30 Days</p>	<p>Must select # between 0 and 30 99904-Unable (only if client is in detox or developmentally disabled)</p>
--	--

<p>*Mental Health Medication in Past 30 Days</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)</p>
--

*Required Field