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| **SMARTCARE CALOMS ADMISSION FORM** | | | | | |
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| **Client ID** | | | **Admission Date** (mm / dd / yyyy)  (Edit if past dated) | | |
| **ADMISSION** | | | | | |
| **CalOMS Admission Type**  Initial Admission  Transfer of Change in Service | | | **FSN #** | | |
| **# of Days Waited to Enter Tx**  (0-999)  99901  99904 | | | **# of Prior Episodes**  (0-999)  99900  99901  99904 | | |
| **Special Services/Contract County Code** | | | **Special Services Contract ID**  (0000-9999)  99902 | | |
| **CalWORKs Recipient**  Yes  No  Not Sure/Don't Know | | | **SA Tx Under CalWORK WTWP**  Yes  No  Not Sure/Don't Know | | |
| **Source of Referral** (select one)  Individual, including self-referral  Alcohol/Drug Abuse program  Other Health Care Provider  School/Educational  Employer/EAP  12 Step Mutual Aid  Probation or Parole | | Post-release Comm Supervision (AB 109)  DUI/DWI  Adult Felon Drug Court  Dependency Drug Court  Court/Criminal Justice Referral  Other Community Referral  Child Protective Services | | **Gender**  Male  Female  Other | |
| **Type of Treatment Service**  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) | | |
| **Client’s Current First Name** | | | **Client’s Current Last Name** | | |
| **Client DOB** | | | **SSN**  99900-Declined to State  99902-Not applicable (if client does not have a SSN)  99904-Unable to answer | | |
| **Birth First Name** | | | **Birth Last Name** | | |
| **Current Zip Code** (5-digit zip XXXXX or 00000-Homeless) | | | **State of Birth if Within US** (use other if born outside US) | | |
| **County of Birth State if Within US** (use other if outside of CA) | | | **Driver’s License or State ID#**  (13-digit ID)  99900,  99902,  99904 | | |
| **Driver’s License State** | | | **Mother’s First Name or Individual Considered to be Mother** | | |
| **Races** (Select at least one; not to exceed 5) | White  Black/African American  American Indian  Alaskan Native  Asian Indian  Cambodian | | Chinese  Filipino  Guamanian  Hawaiian  Japanese  Korean | | Laotian  Samoan  Vietnamese  Other Asian  Other Race  Mixed Race |

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| **Ethnicity** (select one) | | | Not Hispanic  Mexican/Mexican American  Cuban | | | | | | | | Puerto Rican  Other Hispanic/Latino | | | | |
| **Is Client a US Veteran?** (select one) | | | Yes  No | | | | | | | | Client declined to state  Client unable to answer | | | | |
| **Disabilities** (select all that apply) | None  Visual  Hearing  Speech | | | | | | | | Mobility  Mental  Developmentally Disabled  Other Disability (Not SUD) | | | | | Client declined to state  Client unable to answer | |
| **Sexual Orientation** (select one) | Heterosexual/Straight  Lesbian (Female)  Gay (Male)  Bisexual | | | | | | | | Unsure/Questioning  Declined to State  Transgender | | | | | | |
| **Consent on File for Future Contact**  Yes  No | | | | | | | | | | | | | | | |
| **SUD, MEDICAL & MENTAL HEALTH** | | | | | | | | | | | | | | | |
| **ALCOHOL & DRUG USE INFORMATION** | | | | | | | | | | | | | | | |
| ***Primary Drug Information*** | | | | | | | | | | | | | | | |
| Drug or Alcohol Type  None (Will be rejected)  Heroin  Alcohol  Barbiturates  Other Sedatives or Hypnotics  Methamphetamine | | | | | | Other Amphetamines  Other Stimulants  Cocaine / Crack  Marijuana / Hashish  PCP  Other Hallucinogens  Tranquilizers (e.g. Benzodiazepine)  Other Tranquilizers | | | | | | | | | Non-Prescription Methadone  Oxycodone / OxyContin  Other Opiates or Synthetics  Inhalants  Over the Counter  Ecstasy  Other Club Drugs  99903-Other (specify) |
| **Number of Days Used in Past 30 Days**  (0–30)  99902-None/not applicable  Not Applicable | | | | | | **Route of Administration**  Oral  Smoking  Inhalation | | | | | | | | | Injection (IV or intramuscular)  99902-None or not applicable  99903-Other |
| **Age of First Use** Must select # between 5 and 105 | 99904-Unable to answer | | | | | | | | | | | | | | | |
| ***Secondary Drug Information*** | | | | | | | | | | | | | | | |
| **Drug Type**  None (Will be rejected)  Heroin  Alcohol  Barbiturates  Other Sedatives or Hypnotics  Methamphetamine | | | | | Other Amphetamines  Other Stimulants  Cocaine / Crack  Marijuana / Hashish  PCP  Other Hallucinogens  Tranquilizers (e.g. Benzodiazepine)  Other Tranquilizers | | | | | | | | Non-Prescription Methadone  Oxycodone / OxyContin  Other Opiates or Synthetics  Inhalants  Over the Counter  Ecstasy  Other Club Drugs  99903-Other (specify) | | |
| **Number of Days Used in Past 30 Days**  (0-30)  99902-None or Not Applicable | | | | | **Route of Administration**  Oral  Smoking  Inhalation | | | | | | | | Injection (IV or intramuscular)  99902-None or not applicable  99903-Other | | |
| **Age of First Use** (5 -105) | 99904 | | | | | | | | | | | | | | | |
| ***Additional Drug Information*** | | | | | | | | | | | | | | | |
| **# of Days Alcohol Used in Past 30**  (0-30) 99902 | | | | **# of Days IV Used in Past 30**  (0-30) 99900 99904 | | | | | | **Used Needles in Past 12 Months**  Yes No 99904 | | | | | |
| **EMPLOYMENT INFORMATION** | | | | | | | | | | | | | | | |
| **Employment Status**  Employed Full Time (35 hours or more)  Part time (less than 35 hours  Unemployed looking for work  Unemployed not in the labor force (not seeking)  Not in the labor force (not seeking) | | | | | | | **# of Paid Workdays in Past 30**  (0 and 30)  99900-Decline to state  99904-Unable to answer | | | | | | | | |
| **Currently Enrolled in School**  Yes No 99900 - Client declined to state 99904 - Client unable to answer | | | | | | | | | | | | | | | |
| **Currently Enrolled in Job Training**  Yes No 99900 - Client declined to state 99904 - Client unable to answer | | | | | | | | | | | | | | | |
| **\*Highest School Grade Completed**  0-30 99900 – client declined to state 99904 Client unable to answer | | | | | | | | | | | | | | | |
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| **LEGAL / CRIMINAL JUSTICE INFORMATION** | | | | | | | | | | | | | | | |
| **Criminal Justice Status**  No criminal justice involvement  Under parole supervision from CDC  On parole from any other jurisdiction  Post-release Community Service (AB109) or on probation from any federal, state, or local jurisdiction  Admitted under other diversion from any court under CA Penal Code Section 1000  Incarcerated  Awaiting trial, charges or sentencing  99904-Client unable to answer (Only if detox or developmentally disabled) | | | | | | | | **CDCR Number** (valid six-character string alpha/numeric) | | | | | | | |
| **# of Arrests in Last 30 Days** (0-30) | | | | | | | | **# of Jail Days in Last 30** (0-30) | | | | | | | |
| **# of Prison Days in Last 30** (0-30) | | | | | | | | **Parolee Services Network (PSN)**  Yes No 99904 Client unable to answer | | | | | | | |
| **FOTP Parolee**  Yes  No  99904 Client unable to answer | | | | | | | | **FOTP Priority Status**  Completed Forever Free and released and enrolled in treatment program  Any woman paroling from CIW  Completed Forever Free and goes direct to FOTP facility  99902-None or not Applicable  99904-Client unable to answer | | | | | | | |
| **MEDICAL / PHYSICAL HEALTH INFORMATION** | | | | | | | | | | | | | | | |
| **Medi-Cal Beneficiary**  Yes No 99904 Client unable to answer | | | | | | | | **Pregnant at Admission**  Yes No 99901 Not Sure/Don’t Know | | | | | | | |
| **Medication Prescribed as Part of Tx** (Report only meds prescribed by NTP provider all others should be none)  None  Methadone  LAAM | | | | | | | | Buprenorphine (Subutex)  Buprenorphine (Suboxone)  99903 - Other | | | | **Diagnosed with Tuberculosis?**  Yes No  99900 Client declined to state  99904 Client unable to answer | | | |
| **Diagnosed with Hepatitis C?**  Yes No  99900 Client declined to state  99904 Client unable to answer | | | | | | | | **Diagnosed with Sexually Transmitted Disease?**  Yes No  99900 Client declined to state  99904 Client unable to answer | | | | | | | |
| **HIV/AIDS Tested?**  Yes No  99900 Client declined to state  99904 Client unable to answer | | | | | | | | **HIV/AIDS Test Results Received?**  Yes No  99900 Client declined to state  99904 Client unable to answer | | | | | | | |
| **# of Times Emergency Room in Past 30**  (0-30) | | **# of Hospital Overnights in Past 30 Days** (0-30) | | | | | | | | **# of Days Medical Problems in Past 30**  (0-30) | | | | | |
| **MENTAL HEALTH INFORMATION** | | | | | | | | | | | | | | | |
| **Mental Illness Diagnosed?**  Yes No 99901-Not Sure / Don't Know | | | | | | | | **Mental Health Medication in Past 30 Days**  Yes No 99904 Client unable to answer | | | | | | | |
| **# of Times Outpatient Emergency MH Services in Past 30 Days**  (0-30) | | | | | | | | **# of Days Stayed for More than 24 Hr in Hospital/Psychiatric for MH in Past 30** (0-30) | | | | | | | |
| **FAMILY / SOCIAL INFORMATION** | | | | | | | | | | | | | | | |
| **Current Living Arrangements**  Homeless  Dependent Living  Independent Living | | | | | | | | **# of Days Lived with Someone Who Uses Alcohol or drugs in Past 30**  (0-30) | | | | | | | |
| **# of Days Serious Family Conflict in Past 30**  (0-30) | | | | | | | | **# of Children Age 17 or Less (Birth or adopted), whether they live with client or not** (0-30) | | | | | | | |
| **# of Children Age 5 or Younger**  (0-30)  99904 Client unable to answer | | | | | | | | **# of Children age 17 or Under are Living w/Someone Else because Child Protection Order**  (0 and 30)  99904 Client unable to answer | | | | | | | |
| **# of Children Living w/Someone Else for whom Parental**  **Rights have been Terminated**  (0 and 30)  99904 Client unable to answer | | | | | | | | **# of Days Social Support in Past 30** (12-step meetings, other self Help meetings, religious/faith recovery or self help meetings, interactions with family member and /or friend support of recovery)  (0-30)  99904 Client unable to answer | | | | | | | |
| **Staff Printed Name** | | | | | | | | | | | | | | | |
| **Staff Signature** | | | | | | | | **Signature Date** | | | | | | | |