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| **SMARTCARE CALOMS STANDALONE UPDATE/DISCHARGE** | | | | | |
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| **Client ID** | | | | | |
| **CALOMS INFORMATION** | | | | | |
| **FSN #** | | | **Transaction Type**  Annual Update  Discharge – Standard  Discharge – Administrative  Discharge – Detox | | |
| **Admission Date** (mm / dd / yyyy) | | **Discharge Status**  1-Completed Tx/Recovery Plan Goals/Refer/Standard  2-Completed Tx/Recovery Plan Goals/Not Refer/Standard  3-Left Before Completion w/Satisfactory Progress/Standard  4-Left Before Completion w/Satisfactory Progress/Admin | | 5-Left Before Completion w/Unsatisfactory Progress/Standard  6-Left Before Completion w/Unsatisfactory Progress/Admin  7-Death  8-Incarceration | |
| **Gender**  Male  Female  Other | | | **Client DOB** | | |
| **Client’s Current First Name** | | | **Client’s Current Last Name** | | |
| **SSN**  99900-Declined to State  99902-Not applicable (if client does not have a SSN)  99904-Unable to answer | | | **Current Zip Code** (5-digit zip XXXXX or 00000-Homeless) | | |
| **Birth First Name** | | | **Birth Last Name** | | |
| **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 State** | | | **Driver’s License or State ID#**  (13-digit ID)  99900,  99902,  99904 | | |
| **Mother’s First Name or Individual Considered to be Mother** | | | | | |
| **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 |
| **Consent on File for Future Contact**  Yes  No | | | | | |

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| **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 |
| ***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) | |
| **#of Days Used in Past 30 Days**  (0-30)  99902-None or Not Applicable | | **Usual Route of Administration**  Oral  Smoking  Inhalation | | | | | Injection (IV or intramuscular)  99902-None or not applicable  99903-Other | |
| ***Additional Drug Information*** | | | | | | | | |
| **# of Days Alcohol Used in Past 30**  (0-30) 99902 | | | | | | **Used Needles to Inject Drugs in Past 30**  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 | | | | | | | | |
| **LEGAL / CRIMINAL JUSTICE INFORMATION** | | | | | | | | |
| **# of Arrests in Last 30 Days** (0-30) | | | | | **# of Jail Days in Last 30** (0-30) | | | |
| **# of Prison Days in Last 30** (0-30) | | | | | | | | |
| **MEDICAL / PHYSICAL HEALTH INFORMATION** | | | | | | | | |
| **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 | | | | | **Pregnant at Anytime During Tx?**  Yes No 99901 Not Sure/Don’t Know | | |
| **# 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** | | | |