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| **SMARTCARE CALOMS STANDALONE UPDATE/DISCHARGE**  |
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| **Client ID**  |
| **CALOMS INFORMATION** |
| **FSN #** | **Transaction Type**Annual UpdateDischarge – StandardDischarge – AdministrativeDischarge – Detox  |
| **Admission Date** (mm / dd / yyyy) | **Discharge Status**1-Completed Tx/Recovery Plan Goals/Refer/Standard2-Completed Tx/Recovery Plan Goals/Not Refer/Standard3-Left Before Completion w/Satisfactory Progress/Standard4-Left Before Completion w/Satisfactory Progress/Admin | 5-Left Before Completion w/Unsatisfactory Progress/Standard6-Left Before Completion w/Unsatisfactory Progress/Admin7-Death8-Incarceration |
| **Gender** MaleFemaleOther | **Client DOB** |
| **Client’s Current First Name** | **Client’s Current Last Name**  |
| **SSN**99900-Declined to State99902-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 MethadoneOxycodone / OxyContinOther Opiates or SyntheticsInhalantsOver the CounterEcstasyOther Club Drugs99903-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 applicable99903-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 MethadoneOxycodone / OxyContinOther Opiates or SyntheticsInhalantsOver the CounterEcstasyOther Club Drugs99903-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 applicable99903-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**HomelessDependent LivingIndependent 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** |