

(Print Legibly)

Data Entry Initials

CLIENT EPISODE SUMMARY

Confidential Patient Information
See Welfare & Institution Code 5328

1 Client Number:

2 Reporting Unit #:

Client Name: Last _____ First _____ MI: _____

OPENING

Screen 1

3 Admit Date: <input type="text"/> <input type="text"/> Month Day Year	9 Admission Legal Status: <input type="text"/> <input type="text"/>
4 Staff #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Staff Name: _____	10 Admission Employment Status: <input type="text"/> <input type="text"/>
5 Diagnosis I: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> II: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	11 Admission Children 17 or Less (birth or adopted) <input type="text"/> <input type="text"/>
6 Referred From: <input type="text"/> <input type="text"/>	12 Client Pregnant at Admission <input type="text"/> <input type="text"/>
7 Admission Status: <input type="checkbox"/>	13 Current Living Situation (Homeless at Admission) <input type="text"/> <input type="text"/>
8 Initial Admission (Y/N): <input type="checkbox"/>	14 Arrest in Last 24 Months (0-99): <input type="text"/> <input type="text"/>
	15 Special Contract County/Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

16 CDC # (#/Z0/Z1/Z2/)	Veteran (Y/N/Z0/Z4)	Medi-Cal Eligible (Y/N/Z4)	CalWORKs Recipient (Y/N/Z1)	CalWORKs Plan includes AOD Treatment (Y/N/Z1)	Perinatal Case Management (Y/N)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			
1 2 3 4 5 6	10	17	22	23	24

Refer to #16 on the reverse side and the CalOMS Data Collection Guide for further information

Screen 2

17 No. of Prior Admits (0-99/Z0/Z1/Z4): <input type="text"/> <input type="text"/>	20 Substance Abuse Problem: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18 Medication Prescribed: <input type="text"/> <input type="text"/>	21 Usual Route of Administration: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
19 Needles Used Past Yr. (Y/N/Z4): <input type="text"/> <input type="text"/>	22 Frequency of Use: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	23 Age of First Use (Yrs/Z4): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Enter Primary/Secondary Drug Name if Problem Code = (3, 4, 6, 7, 11, 13, 15, 16, 17, 20, Z3)

Primary Drug Name _____ Secondary Drug Name _____

Screen 3

In last 30 days, # of:

24 Alcohol Frequency (#/Z2): <input type="text"/> <input type="text"/>	33 Physical Health Problem:
25 IV User (#): <input type="text"/> <input type="text"/>	Emergency Room Visits (#): <input type="text"/> <input type="text"/>
26 Paid Days Worked (#): <input type="text"/> <input type="text"/>	Hospital Overnights (#): <input type="text"/> <input type="text"/>
27 Number of Arrests (#): <input type="text"/> <input type="text"/>	Physical Problem (#): <input type="text"/> <input type="text"/>
28 Days in Jail: (#): <input type="text"/> <input type="text"/>	34 Mental Health Problem:
29 Days in Prison (#): <input type="text"/> <input type="text"/>	Outpatient Emergency Services (#): <input type="text"/> <input type="text"/>
30 Days of 12 Step/Other (#): <input type="text"/> <input type="text"/>	Hospital/Psychiatric Facility Visits (#): <input type="text"/> <input type="text"/>
31 Days Living with Substance User (#): <input type="text"/> <input type="text"/>	Prescribed Medication Taken (Y/N): <input type="text"/> <input type="text"/>
32 Conflict Days with Family (#): <input type="text"/> <input type="text"/>	

Z0 = Client Declines to State Z1 = Not Sure/Don't Know Z2 = Not Applicable Z3 = Other Z4 = Detox Only Clients

Screen 4

35 Consent for Future Contact (Y/N):	<input type="checkbox"/>	<input type="checkbox"/>	40 Prior Mental Health Diagnosis (Y/N/Z1):	<input type="checkbox"/>	<input type="checkbox"/>
36 Treatment Waiting Days (#):	<input type="checkbox"/>	<input type="checkbox"/>	41 Number of Children Aged 17 or Less (#):	<input type="checkbox"/>	<input type="checkbox"/>
37 Enrolled in Job Training (Y/N):	<input type="checkbox"/>	<input type="checkbox"/>	42 Number of Children Aged 5 or Less (#):	<input type="checkbox"/>	<input type="checkbox"/>
38 Enrolled in School (Y/N):	<input type="checkbox"/>	<input type="checkbox"/>	43 Number of Children in CPS Placement (#):	<input type="checkbox"/>	<input type="checkbox"/>
39 Diagnosed With:			44 Number of Children in Placement with No Parental Rights (#):	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis (Y/N):	<input type="checkbox"/>	<input type="checkbox"/>	45 PSN Client ("Y" ONLY WHEN ENROLLED IN PSN RU):	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C (Y/N):	<input type="checkbox"/>	<input type="checkbox"/>	46 FOTP Parolee: (Y/N):	<input type="checkbox"/>	<input type="checkbox"/>
Sexually Transmitted Disease (Y/N/Z0/Z4):	<input type="checkbox"/>	<input type="checkbox"/>	47 FOTP Priority Status (1-3/Z2/Z4):	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS Tested (Y/N/Z0/Z4):	<input type="checkbox"/>	<input type="checkbox"/>			
HIV/AIDS Result (Y/N/Z0/Z4):	<input type="checkbox"/>	<input type="checkbox"/>			

The sum of 41 thru 44 must equal the answer for #11 in screen 1.

Z0 = Client Declines to State Z1 = Not Sure/Don't Know Z2 = Not Applicable Z3 = Other Z4 = Detox Only Clients

CLIENT EPISODE - OPENING

Item 5 - Diagnosis

303.90 Alcohol Dependence 305.00 Alcohol Abuse 304.40 Amphetamine Dependence 305.70 Amphetamine Abuse 304.10 Barbiturate or similarly acting sedative dependence 305.40 Barbiturate or similarly active sedative abuse 304.30 Cannabis Dependence	305.20 Cannabis Abuse 304.20 Cocaine Dependence 305.60 Cocaine Abuse 304.60 Inhalant Dependence 305.90 Inhalant Abuse 304.00 Opioid Dependence 305.50 Opioid Abuse	304.50 PCP/Hallucinogen Dependence 305.30 Hallucinogen Abuse 305.90 PCP Abuse/Psychoactive Substance Abuse NOS 304.90 Polysubstance Dependence/Psychoactive Substance Dependence 799.9 Deferred diagnosis
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Item 6 - Referred From

1 Fed/State Criminal Justice 2 Local/County Criminal Justice 3 Self 4 Family/Friend 5 Employer 6 School/College 7 Medical; hospital/clinic/physicians/nurse 8 Social Services 9 Community Agency	10 Mental Health 11 Public Guardian 12 Public Health/Public Health Nursing 13 Residential Care Facility 14 Drug Residential 15 Drug Outpatient 16 Alcohol Residential/Outpatient 17 Telephone Directory 18 Brochure/Flyer/Newspaper/Newsletter	19 Other 20 12 Step Program 21 OTP Probation (Code Formally used for P36) 22 OTP Parole (Code Formally used for P36) 23 DUI / DWI 24 Dependency Drug Court 25 State Drug Court Partnership / DCP 26 Comp Drug Court Implementation / CDCI 27 Children Family Services
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Item 7 - Admission Status

1 Substance Abuser 2 Spouse of Substance Abuser	3 Adult Child of Substance Abuser 4 Minor Child of Substance Abuser	5 Parent of Substance Abuser 6 Other Co-dependent of Substance Abuser
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Item 9 - Admission Legal Status

1 Not Applicable 2 Under Parole Supervision by CDC 3 On parole from any other jurisdiction	4 On probation from any federal, state or local jurisdiction 5 Admitted under diversion from any court 6 Incarcerated	7 Awaiting Trial Z4 Unable to answer
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Item 10 - Admission Employment Status

1 Unemployed, not sought employment in last 30 days 2 Unemployed, has sought employment in last 30 days 3 Part Time (less than 35 hours per week) 4 Full time (more than 35 hours per week) 5 Homemaker, seeking employment	6 Homemaker, not seeking employment 7 Part-time student (less than 12 units) not seeking employment 8 Full-time student (12 units or more) not seeking employment 9 Employed Student / part time 10 Disabled and unemployed/ not seeing employment
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Item 13 - Current Living Situation

1 Homeless	2 Dependent Living	3 Independent Living
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Item 16 - Coded Remarks

1-6 CDC Number (For clients in the Criminal Justice System)			
10 Y - Yes a Veteran 17 Y - Medi-Cal Beneficiary 22 Y - CalWORKs Recipient 23 Y - The Client is receiving substance abuse treatment under CalWORKs recipient's Welfare-To-Work plan. 24 (Y) for Yes; (N) for No Only Perinatal treatment providers indicate if the client is receiving case management services.	N - No Not a Veteran N - Not a Medi-Cal Beneficiary N - Not a CalWORKs Recipient N - The Client is not receiving substance abuse treatment under CalWORKs.	Z0 - Client declined to State Z4 - Client unable to answer Z1 - Not Sure / Don't Know	Z4 - Client unable to answer Z1 - Not Sure

Item 18 - Medication Prescribed

1 None	2 Methadone	3 LAMM	4. Buprenorphine (Subutex)	5. Buprenorphine (Suboxone)	Z3. Other
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Item 20 - Substance Problem - Primary & Secondary

1 Heroin 2 Alcohol 3 Barbiturates 4 Other Seds/Hypnotics 5 Methamphetamines	6 Other Amphetamines 7 Other Stimulants 8 Cocaine/Crack 9 Marijuana/Hashish 10 PCP	11 Other Hallucinogens 12 Tranquilizers 13 Other Tranquilizers 14 Non-Prescription Methadone 15 Other Opiates and Synthetics	16 Inhalants 17 Over the Counter 21 Other 22 None (Secondary & Tertiary Only) 23 Ecstasy	25 Oxycodone/Oxycontin Z1 Unknown Z3 Other (specify)
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Item 21 - Usual Route of Administration - Primary & Secondary

1 Oral 2 Smoking 3 Inhalant	4 Injection (IV or intramuscular) 5 None	Z2 None or not applicable Z3 Other
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Item 22 - Frequency of Use - Primary & Secondary

Enter the number of days	Z2 None or not applicable
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