

(Print Legibly)

Data Entry Initials:

CLIENT EPISODE SUMMARY

Confidential Patient Information
See Welfare & Institution Code 5328

Client Number:

Reporting Unit #:

Client Name: Last _____ First _____ MI: _____

CLOSING

1 Discharge Date: <input type="text"/> <input type="text"/> <input type="text"/>		Screen 1		Primary	Secondary	Tertiary
Month Day Year		11 Substance Abuse Problem:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Referred To:	<input type="text"/>	12 Route of Administration:	<input type="text"/>	<input type="text"/>		
3 Discharge Status:	<input type="text"/>	13 Frequency of Use:	<input type="text"/>	<input type="text"/>		
4 Employment Status:	<input type="text"/>	Primary Drug Name: _____				
5 Client Adherence To Treatment Plan (Y/N):	<input type="text"/>	Secondary Drug Name: _____				
6 Client Pregnant During Treatment (Y/N/Z1):	<input type="text"/>	Tertiary Drug Name: _____				
7 Pregnancy Termination Reason	<input type="text"/>	Enter Primary/Secondary Drug Name if Problem Code = (3, 4, 6, 7, 11, 13, 15, 16, 17, 20, Z3)				
8 Date of Termination: <input type="text"/> <input type="text"/> <input type="text"/>						
9 Follow-Up on Referral Prior to Discharge (Y/N):	<input type="text"/>					
10 Current Living Situation (Homeless at Discharge)	<input type="text"/>					

In The Last 30 Days, # of:		Screen 2	
13 Alcohol Frequency (#/Z2):	<input type="text"/>	22 Physical Health Problem:	
14 IV Use (#):	<input type="text"/>	Emergency Room Visits (#):	<input type="text"/>
15 Paid Days Work (#):	<input type="text"/>	Hospital Overnights (#):	<input type="text"/>
16 Number of Arrests (#):	<input type="text"/>	Days of Physical Problem (#):	<input type="text"/>
17 Days in Jail (#):	<input type="text"/>	23 Mental Health Problem:	
18 Days in Prison (#):	<input type="text"/>	Outpatient Emergency Services (#):	<input type="text"/>
19 Days of 12 Step/Other (#):	<input type="text"/>	Hospital/Psychiatric Facility Visits (#):	<input type="text"/>
20 Days Living with Substance User (#):	<input type="text"/>	Prescribed Medication Taken (Y/N):	<input type="text"/>
21 Conflict Days with Family (#):	<input type="text"/>		

Screen 3	
24 Consent for Future Contact (Y/N):	<input type="text"/>
25 Enrolled in School (Y/N):	<input type="text"/>
26 Enrolled in Job Training (Y/N):	<input type="text"/>
27 HIV/AIDS Tested (Y/N):	<input type="text"/>
28 HIV/AIDS Results (Y/N):	<input type="text"/>
29 Prior Mental Health Diagnosis (Y/N/Z1):	<input type="text"/>
30 Children Aged 17 or Less (#):	<input type="text"/>
31 Children Aged 5 or Less (#):	<input type="text"/>
32 Children in CPS Placement (#):	<input type="text"/>
33 Children in Placement with No Parental Rights (#):	<input type="text"/>

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

CLIENT EPISODE - CLOSING

NOTE: The “Z4” (Client Unable to Answer) code is only allowable for certain questions and ONLY when the client is coded in the Client Registration screen as having a Physical Disability of “Developmentally Disabled” or enrolled in a detoxification program.

Item 2 - Referred To

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

Item 3 – Standard Discharge Status Codes

11 Completed Treatment/ Recovery Plan, Goals / Referred	13 Left before completion with satisfactory progress / Referred
12 Completed Treatment / Recovery Plan, Goals / Not Referred	15 Left before completion with unsatisfactory progress / Referred

Note:

Include Administrative Discharge Form if using codes other than 11, 12, 13 and 15.

Item 4 - Discharge Employment Status

01 Unemployed, not sought employment in last 30 days	06 Homemaker, not seeking employment
02 Unemployed, has sought employment in last 30 days	07 Part-time student (less than 12 units) not seeking employment
03 Part Time (less than 35 hours per week)	08 Full-time student (12 units or more) not seeking employment
04 Full time (more than 35 hours per week)	09 Employed Student / part time
05 Homemaker, seeking employment	10 Disabled and unemployed/ not seeing employment

Item 10 – Current Living Situation

1 Homeless	2 Dependent Living	3 Independent Living
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Item 11 - Substance Abuse Problem - Primary, Secondary

1 Heroin	6 Other Amphetamines	11 Other Hallucinogens	16 Inhalants	24 Other Club Drugs
2 Alcohol	7 Other Stimulants	12 Tranquilizers	17 Over the Counter	25 Ocydone/Ocyontin
3 Barbiturates	8 Cocaine/Crack	13 Other Tranquilizers	21 Other	Z1 Unknown
4 Other Seds/Hypnotics	9 Marijuana/Hashish	14 Non-Prescription Methadone	22 None (Secondary Only & Tertiary)	Z3 Other (specify)
5 Methamphetamines	10 PCP	15 Other Opiates and Synthetics	23 Ecstasy	

Item 12– Route of Administration – Primary & Secondary

1 Oral	3 Inhalant	Z2 None or not applicable
2 Smoking	4 Injection (IV or intramuscular)	Z3 Other

Item 13 - Frequency of Use

Enter the number of days	Z2 None or not applicable
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