

(Print Legibly)

Data Entry Initials:

**CLIENT ANNUAL EPISODE
UPDATE SUMMARY**

Confidential Patient Information
See Welfare & Institution Code 5328

1 Client Number:

2 Reporting Unit #:

INCLUDE AN UPDATED CLIENT REGISTRATION WHEN SUBMITTING AN ANNUAL EPISODE UPDATE SUMMARY!!!

Client Name: Last _____ First _____ MI: _____

Screen 1

3 Admit Date:
Month Day Year

6 Client Pregnant During Treatment (Y/N/Z1):

4 Annual Update Date:
Month Day Year

7 Admission Employment Status:

5 Staff #: Staff Name: _____

8 Current Living Situation (Homeless at Admission):

Screen 2

9 Substance Abuse Problem: Primary Secondary Tertiary
Primary Drug Name _____

10 Usual Route of Administration:
Secondary Drug Name _____

11 Frequency of Use:
Tertiary Drug Name _____

12 Age of First Use (Yrs):

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

Screen 3

In last 30 days, # of:

13 Alcohol Frequency (#/Z2):

21 Physical Health Problem:

14 IV User (#):

Emergency Room Visits (#):

15 Paid Days Worked (#):

Hospital Overnights (#):

16 Days in Jail (#):

Physical Problem (#):

17 Days in Prison (#):

22 Mental Health Problem:

18 Days of 12 Step/Other (#):

Outpatient Emergency Services (#):

19 Days Living with Substance User (#):

Hospital/Psychiatric Facility Visits (#):

20 Conflict Days with Family (#):

Prescribed Medication Taken (Y/N):

Screen 4

23 Consent for Future Contact (Y/N):

27 Prior Mental Health Diagnosis (Y/N):

24 Enrolled in Job Training (Y/N):

28 Children Aged 17 or Less (#):

25 Enrolled in School (Y/N):

29 Children Aged 5 or Less (#):

26 Diagnosed With:

30 Children in CPS Placement (#):

HIV/AIDS Tested (Y/N):

31 Children in Placement with No Parental Rights (#):

HIV/AIDS Result (Y/N):

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

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CLIENT EPISODE – OPENING (Update)

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 7 - Admission Employment Status

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

Item 8 – Current Living Situation

1 Homeless	2 Dependent Living	3 Independent Living
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Item 9 - Substance Abuse Problem - Primary, Secondary, Tertiary

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 Oxycodone/Oxycontin
3 Barbiturates	8 Cocaine/Crack	13 Other Tranquilizers	21 Other	Z1 Unknown
4 Other Seds/Hypnotics	9 Marijuana/Hashish	14 Non-Prescription Methadone	22 Ecstasy	Z3 Other (specify)
5 Methamphetamines	10 PCP	15 Other Opiates and Synthetics	23 Other Club Drugs	

Item 10 - Usual Route of Administration - Primary & Secondary

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

Item 11 - Frequency of Use - Primary & Secondary

Enter the number of days	Z2 None or not applicable
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