CalOMS Information

Confidential Patient Information under HIPAA
& 42 CFR Part 2

Consumer Name:	MRN:
Assessment Date:	Assessment Time:
Assessment Source: One on One Interview	Event Referent: ☐ Admission ☐ Discharge ☐ Annual Update
Author Last Name:	
Admission Facility:	

General

Number of Prior Admissions:	☐ Client Declined	☐ Not Sure/ Don't Know	☐ Client unable to answer (Level 3.2 WM only)
Days Waited to Enter Treatment:	☐ Client Declined	☐ Client unable to answer (Level 3.2 WM only)	
Admission Transaction Type	☐ Initial Admission	☐ Transfer or Change in Service	
Consent for Future Contact	☐ No	☐ Yes	

Home and Family

Number of Children 5 or Younger:	☐ Client Unable to Answer (Level 3.2 WM Only)
Number of Children 17 or Younger:	☐ Client Unable to Answer (Level 3.2 WM Only)
Number of Children in CPS Placement:	☐ Client Unable to Answer (Level 3.2 WM Only)
Number of Children in CPS Placement and Parental Rights Terminated:	☐ Client Unable to Answer (Level 3.2 WM Only)

In the Last 30 Days

Days with Family Conflict:	☐ Client Declined	☐ Client Unable to Answer (Level 3.2 WM Only)
Days Living with Substance User:	☐ Client Declined	☐ Client Unable to Answer (Level 3.2 WM Only)
Days Participated in Social Support Recovery Activities:	☐ Client Declined	☐ Client Unable to Answer (Level 3.2 WM Only)
Participant is a CalWorks Recipient	☐ No	☐ Yes

Health

Medi-Cal Beneficiary	☐ No	☐ Yes		☐ Client Unable to Answer (Level 3.2 WM Only)
Diagnosed with Tuberculosis	☐ No	☐ Yes	☐ Client Declined to State	☐ Client Unable to Answer (Level 3.2 WM Only)
Diagnosed with Hepatitis C	☐ No	☐ Yes	☐ Client Declined to State	☐ Client Unable to Answer (Level 3.2 WM Only)
Diagnosed with Sexually Transmitted Disease	☐ No	☐ Yes	☐ Client Declined to State	☐ Client Unable to Answer (Level 3.2 WM Only)
Has Been HIV/AIDS Tested	☐ No	☐ Yes	☐ Client Declined to State	☐ Client Unable to Answer (Level 3.2 WM Only)
Received HIV/AIDS Results	☐ No	☐ Yes	☐ Client Declined to State	☐ Client Unable to Answer (Level 3.2 WM Only)
Diagnosed with Mental Illness at Any Time	☐ No	☐ Yes	☐ Not Sure/Don't Know	

Disabilities (choose all that apply)

☐ None	☐ Mobility	☐ Speech
☐ Client Declined to State	☐ Visual	☐ Developmentally Disabled
☐ Client Unable to Answer (Level 3.2 WM Only)	☐ Metal	☐ Other Disability
	☐ Hearing	

Medication Prescribed as part of DA Program

☐ Acamprosate	☐ LAAM	☐ Naltrexone
☐ Buprenorphine (Subutex)	☐ Methadone	☐ None
☐ Buprenorphine (Suboxone)	☐ Naloxone	☐ Other

In the Last 30 Days

Emergency Room Visits for Physical Health:	☐ Client Unable to Answer (Level 3.2 WM Only)
Hospital Overnight Stays for Physical Health:	☐ Client Unable to Answer (Level 3.2 WM Only)
Days with Physical Health Problem:	☐ Client Unable to Answer (Level 3.2 WM Only)
Emergency Room Visits for Mental Health:	☐ Client Unable to Answer (Level 3.2 WM Only)
Psychiatric Facility Stays (more than 24 hours):	☐ Client Unable to Answer (Level 3.2 WM Only)
Prescribed Mental Health Medication Taken ☐ No ☐ Yes	☐ Client Unable to Answer (Level 3.2 WM Only)

Pregnancy

Pregnant at Admission	☐ No	☐ Yes	☐ Not Sure/Don't Know	☐ N/A
Pregnant during Treatment	☐ No	☐ Yes	☐ Not Sure/Don't Know	☐ N/A

Employment

Number of Paid Work Days last 30 Days:			☐ Client Declined to State	☐ Client Unable to Answer (Level 3.2 WM Only)
Enrolled in School	☐ No	☐ Yes	☐ Client Declined to State	☐ Client Unable to Answer (Level 3.2 WM Only)
Enrolled in Job Training	☐ No	☐ Yes	☐ Client Declined to State	☐ Client Unable to Answer (Level 3.2 WM Only)
Military Veteran	☐ No	☐ Yes	☐ Client Declined to State	☐ Client Unable to Answer (Level 3.2 WM Only)

Criminal Justice

CDCR Number: ☐ Client Declined to State ☐ Not Sure/Don't Know ☐ N/A ☐ Client Unable to Answer (Level 3.2 WM Only)

In the Last 30 Days

Number of Arrests: ☐ Client Unable to Answer (Level 3.2 WM Only)
Number of Days in Jail: ☐ Client Unable to Answer (Level 3.2 WM Only)
Number of Days in Prison: ☐ Client Unable to Answer (Level 3.2 WM Only)

Programs

Parolee Services Network (PSN) ☐ No ☐ Yes ☐ Client Unable to Answer (Level 3.2 WM Only)
FOTEP Parolee ☐ No ☐ Yes ☐ Client Unable to Answer (Level 3.2 WM Only)

FOTEP Priority Status

☐ None ☐ Any woman paroling from CIW ☐ Completed Forever Free and released & enrolled in treatment program
☐ Client Unable to Answer (Level 3.2 WM Only) ☐ Completed Forever Free and goes direct to FOTEP facility

Alcohol & Drug Use: Primary Substance

☐ None	☐ Other Amphetamines	☐ Alcohol	☐ Tranquilizers (Benzodiazepine)
☐ Heroin	☐ Other Stimulants	☐ Barbiturates	☐ Other Tranquilizers
☐ Alcohol	☐ Cocaine/Crack	☐ PCP	☐ Non-Prescription Methadone
☐ Barbiturates	☐ Marijuana/Hash	☐ Oxycodone/OxyContin	☐ Inhalants
☐ PCP	☐ Other Opiates or Synthetics	☐ Other Sedatives or Hypnotics	☐ unknown
☐ Oxycodone/OxyContin	☐ Ecstasy	☐ Other Hallucinogens	
☐ Methamphetamine	☐ Heroin	☐ Other - Substance Name:	

Frequency of Use (last 30 days): ☐ None or Not Applicable
Route of Administration ☐ Oral ☐ Smoking ☐ Inhalation ☐ Injection ☐ Other ☐ None
Age of First Use: ☐ Client Unable to Answer (Level 3.2 WM Only)

Alcohol & Drug Use: Secondary Substance

☐ None	☐ Other Amphetamines	☐ Alcohol	☐ Tranquilizers (Benzodiazepine)
☐ Heroin	☐ Other Stimulants	☐ Barbiturates	☐ Other Tranquilizers
☐ Alcohol	☐ Cocaine/Crack	☐ PCP	☐ Non-Prescription Methadone
☐ Barbiturates	☐ Marijuana/Hash	☐ Oxycodone/OxyContin	☐ Inhalants
☐ PCP	☐ Other Opiates or Synthetics	☐ Other Sedatives or Hypnotics	☐ unknown
☐ Oxycodone/OxyContin	☐ Ecstasy	☐ Other Hallucinogens	
☐ Methamphetamine	☐ Heroin	☐ Other - Substance Name:	

Frequency of Use (last 30 days): ☐ None or Not Applicable
Route of Administration ☐ Oral ☐ Smoking ☐ Inhalation ☐ Injection ☐ Other
Age of First Use: ☐ Client Unable to Answer (Level 3.2 WM Only)

Alcohol & Drug Use: Recent History

Days Alcohol Consumed (last 30 days): ☐ None or Not Applicable
Days Using IV Drugs (last 30 days): ☐ Client declined to state ☐ Client Unable to Answer (Level 3.2 WM Only)
Used Needles in the Past 12 Months ☐ No ☐ Yes ☐ Client Unable to Answer (Level 3.2 WM Only)

Special Services Contract

Special Services Contract County Code ☒ None or Not Applicable
Special Services Contract Number ☒ None or Not Applicable

AOD Counselor Printed Name/Title _____ AOD Counselor Signature/Title _____ Date _____

Time of Entry: _____ Date of Entry: ____ / ____ / _____ Data Entry Staff Initials: _____ Data Entry Staff ID: _____