

# Admission

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

Address Type  
 Client Billing  
 Client Home  
 Client Previous  
 Client Work

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Facility Admitted to: \_\_\_\_\_

Therapist: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Placement Screening/OWI Assessment and Admission: Complete all fields

Concerned: Complete fields 1-19 and 48-51

1. Facility: \_\_\_\_\_

2. Gender:  Male  Female

3. Date of birth:       
MM DD YY

4. Social Security #:

5. Race:  
 Caucasian  
 Black/African American  
 American Indian  
 Asian  
 Hawaiian or Pacific Islander  
 Alaskan Native  
 Unknown  
 Not Collected

6. Ethnicity  
 Not Spanish/Hispanic/Latino/Mexican  
 Puerto Rican  
 Mexican  
 Cuban  
 Other Hispanic or Latino

9. Therapist \_\_\_\_\_

10. Initial Contact  
 By Appointment  
 Other  
 Phone  
 Walk-in

11. Date of first contact: \_\_\_\_\_

12. Intake date: \_\_\_\_\_

13. County of Residence \_\_\_\_\_  
 NA, Out of State

14. Source of Referral  
 Self  
 Health Care Provider  
 Community Mental Health Clinic  
 Alcohol/Drug Abuse Provider  
 Other individual  
 Employer (EAP)  
 School  
 TASC  
 OWI  
 Federal Probation  
 State Probation

xx. Source of Referral (cont'd)  
 Other criminal justice/court  
 Civil commitment  
 Division of vocational rehabilitation  
 Promise Jobs  
 Zero Tolerance  
 Drug Court  
 DHS-Child Abuse  
 DHS-Drug Endangered Child  
 DHS-Child Welfare  
 DHS-Other  
 Other Community  
 Parole Board

16. Presenting problem (in client's own words)  
\_\_\_\_\_  
\_\_\_\_\_

17. Special Initiative  
 None  
 Cultural Competency Grant  
 Jail-Based Treatment: CADS, UCS, S  
 Methamphetamine: TCE Grant only  
 Women & Children: Magellan special initiative  
 Jail-Based Assessment: Magellan initiative

18.  # of Days Waiting

19. Screening/Admission for Concerned Person?  
 Yes  No

20. Event Type:  
 Admission  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

21.  # of Prior SA TX Admissions

22.  # of Non-TX SA Related hospitalizations in past 6 months

23.  # of months since last discharge

24. Past IV Drug Use?  Yes  No  Denies

25. Mental Health Problem:  
 Yes  No

26. Methadone Maintenance Planned  
 Yes  No

27. Years of education

28. Veteran Status
- None
  - Armed Forces/On Active Duty; Combat History
  - Armed Forces/On Active Duty; No Combat History
  - Military Dependent
  - National Guard/Combat History
  - National Guard/No Combat History
  - National Guard/Active Duty/Combat History
  - National Guard/Active Duty/No Combat History
  - National Guard/No Combat History
  - Retired from Military/Combat History
  - Retired from Military/No Combat History
  - Served in Armed Forces/ Combat history
  - Served in Armed Forces/No Combat History
  - Unknown

29. Pregnant
- Yes  No
  - If Yes, Date Due \_\_\_\_\_

30. Employment Status:
- Employed Full Time
  - Employed Part Time
  - Unemployed-Looking for Work
  - Homemaker
  - Student
  - Retired
  - Person has disability
  - Not in Labor Force Resident/Inmate
  - Not in Labor Force-Unemployed -Not Seeking

31.  Months Employed in Last 6 Months

32. Occupation
- None
  - Professional/Managerial
  - Sales
  - Crafts/Operatives
  - Non Farm Laborer
  - Farm Owner/Laborer
  - Service/Household

33.  Client's Monthly Gross Income

34. Primary Income Source
- None
  - Wages/Salary
  - Family/Friends
  - Public Assistance
  - Retirement/Pension
  - Disability
  - Other
  - SSI/SSDI Never
  - SSI/SSDI Previous
  - SSI/SSDI Current
  - SSI/SSDI Current and Previous

35. Expected payment source
- No charge
  - NA No Other Pay Source
  - Client Self-Pay
  - Blue Cross/Blue Shield
  - HMO
  - Other Health Insurance
  - Medicaid
  - Medicare
  - Workers Compensation
  - Other Government Grant
  - IDPH/Non-Medicaid Eligible

- xx. Expected Payment Source (con't)
- RTSS
  - Private Pay
  - Medicare/Medicaid Eligible
  - Medicare/Non-Medicaid Eligible
  - HAWK-I
  - Unknown

36. Insurance Type
- Blue Cross/Blue Shield
  - HMO
  - Other Health Insurance
  - HAWK-I
  - None
  - Individual Policy

37. Covers Substance Abuse
- Yes  No

38. Other Income Source
- None
  - Wages/Salary
  - Family/Friends
  - Public Assistance
  - Retirement/Pension
  - Disability
  - Other
  - SSI/SSDI Never
  - SSI/SSDI Previous
  - SSI/SSDI Current
  - SSI/SSDI

39. Current Arrangement
- Alone
  - With parents
  - With significant other
  - With significant other & children
  - With children alone
  - Other adult
  - Other adult and children
  - Jail/Correctional Facility
  - Homeless
  - Correctional Halfway House
  - Substance Abuse Halfway House
  - Group Home
  - Hospital
  - Transitional Housing
  - Shelter
  - Child/Adolescent Foster Care
  - Juvenile Detention

40. Marital Status
- Single Never Married
  - Married
  - Cohabiting
  - Separated
  - Divorced
  - Widowed
  - Unknown
  - Not Collected

41. # of Children Under 17 Living/Not Living w/ Client

42. If #41 is positive number, # of Children Spent Last 6 Months Living With Client

43. If #41 is positive number, are children living with someone else because of Protection Order?
- Yes
  - No

44. Substances Used:

Primary:

- None
- Alcohol
- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non Prescription Methadone
- Other Opiates/Synthetics
- PCP
- Other Hallucinogens
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives/Hypnotics
- Inhalants
- Over-the-counter Medication
- Steroids
- Ecstasy
- Other
- Other Prescribed Analgesics
- Oxycontin

Primary Frequency of Use:

- N/A
- No Use in the past 6 months
- No Use in the past month
- 1-3 times in the past month
- 1-2 times per week
- 3-6 times per week
- Once daily
- 2-3 times daily
- More than 3 times daily
- Unknown

Primary Method:

- Oral
- Smoking
- Inhalation
- IV Injection
- Non-IV Injection
- Nasal
- Other
- N/A

Secondary:

- None
- Alcohol
- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non Prescription Methadone
- Other Opiates/Synthetics
- PCP
- Other Hallucinogens
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives/Hypnotics
- Inhalants
- Over-the-counter Medication
- Steroids
- Ecstasy
- Other
- Other Prescribed Analgesics
- Oxycontin

Secondary Frequency of Use:

- N/A
- No Use in the past 6 months
- No Use in the past month
- 1-3 times in the past month
- 1-2 times per week
- 3-6 times per week
- Once daily

xx. Secondary Frequency (Continued)

- 2-3 times daily
- More than 3 times daily
- Unknown

Secondary Method:

- Oral
- Smoking
- Inhalation
- IV Injection
- Non-IV Injection
- Nasal
- Other
- N/A

Tertiary:

- None
- Alcohol
- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non Prescription Methadone
- Other Opiates/Synthetics
- PCP
- Other Hallucinogens
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives/Hypnotics
- Inhalants
- Over-the-counter Medication
- Steroids
- Ecstasy
- Other
- Other Prescribed Analgesics
- Oxycontin

Tertiary Frequency of Use:

- N/A
- No Use in the past 6 months
- No Use in the past month
- 1-3 times in the past month
- 1-2 times per week
- 3-6 times per week
- Once daily
- 2-3 times daily
- More than 3 times daily
- Unknown

Tertiary Method:

- Oral
- Smoking
- Inhalation
- IV Injection
- Non-IV Injection
- Nasal
- Other
- N/A

45. Was the Substance prescribed to the client?

Primary

- Yes
- No
- N/A

Secondary

- Yes
- No
- N/A

Tertiary

- Yes
- No
- N/A

46. Age of First Use (Primary): \_\_\_\_\_

47. Age of First Use (Secondary): \_\_\_\_\_

48. Age of First Use (Tertiary): \_\_\_\_\_

49. Other addictions  
 Gambling  
 Compulsive Disorder  
 None  
 Eating Disorder  
 Other

50.  Number of days Attended AA/NA Meetings in last 30 days

51.  # of days of work/school missed in last 6 months due to SA problems

52. Does Client Currently Use Tobacco  
 No Tobacco Use  
 Cigarettes  
 Cigars or Pipes  
 Smokeless Tobacco  
 Combo/more than 1

53. If YES to cigarettes,  
 < 1/2 pack  
 > 2 packs  
 1/2 to < 1 pack  
 1-2 packs  
 Greater than 2 packs

54. Last SA Environment in Last 10 Years  
 No Previous Admission  
 Medically managed Detox  
 Medically monitored Detox  
 Medically managed intensive inpatient  
 Clinically managed high intensity res  
 Clinically managed medium intensity residential  
 Day treatment partial hospitalization  
 Clinically managed low intensity res  
 Continuing Care  
 Extended Outpatient  
 Intensive Outpatient  
 Outpatient Detox  
 Medically monitored intensive residential  
 PMIC

55.  # of Arrests in Past 30 Days

56.  # of OWI in last 12 months?

57.  # of Non drug or alcohol-related crimes while under the influence in the last 12 months

58.  # of Non drug or alcohol-related crime while not under the influence in the last 12 months

59.  # of Drug or alcohol-related crime in the last 12 months

60. Recommended Environment  
 No treatment recommended  
 Medically managed detox  
 Medically monitored detox  
 Medically managed intensive inpatient  
 Clinically managed high intensity residential  
 Clinically managed medium intensity residential  
 Day treatment/partial hospitalization  
 Clinically managed low-intensity residential  
 Continuing care  
 Extended outpatient  
 Intensive outpatient  
 Outpatient detox

- xx. Recommended Environment (Continued)  
 Medically monitored intensive inpatient  
 PMIC

61. Actual Environment  
 No treatment recommended  
 Medically managed detox  
 Medically monitored detox  
 Medically managed intensive inpatient  
 Clinically managed high intensity residential  
 Clinically managed medium intensity residential  
 Day treatment/partial hospitalization  
 Clinically managed low-intensity residential  
 Continuing care  
 Extended outpatient  
 Intensive outpatient  
 Outpatient detox  
 Medically monitored intensive inpatient  
 PMIC

62. Is actual environment the recommended environment?  
 Yes  No

63. If No, why?  
 Lack of insurance benefits  
 Managed care refusal  
 Clinical judgment  
 Patient opinion  
 Level of care not available  
 Legal issues  
 Other