CalOMS Information

Confidential Patient Information under HIPAA
& 42 CFR Part 2

Consumer Name:
Assessment Date:
Assessment Source: One on One Interview
Author Last Name:
Admission Facility:

MRN:
Assessment Time:

Event Referent: ☐ Admission ☐ Discharge ☐ Annual Update

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 ☐ Hearing ☐ Other Disability

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: __________