

CLIENT FILE ORDER

Form #	Section 1: Intake/Financial
101	DMC Tracking Form*
	Non-DMC Tracking Form
102a,b	QAR Review Worksheets*
	DMC Eligibility Printout*
104a	Minor Children Information
104b	Brief ASAM Phone Screening
104c	Intake Adult ASAM Screening
104d	Intake Adolescent ASAM Screening
104e	Intake Parent ASAM Screening
	Client Fee Collection Form
	Copy of ID/Social Security Card
	Copy of Medi-Cal Card*
108	Financial Responsibility & Info
109A	CalOMS Profile Form
109B	CalOMS Profile Collateral Contacts
110	SanWITS Intake Form
111	CalOMS Admission
112	CalOMS Annual Update
	Additional Intake/Financial

Form #	Section 2: Consents
	Consent to Release Information
	Admissions Agreement/Consent for Treatment
203	Client Personal Rights
204	Title 22 Fair Hearing Rights*
	Notice of Privacy Practices/HIPAA
	Consent to Follow Up
	Consent for Photo, TV, Video
208	Coordination of Care Consent
	Additional Policies and Consents

Form #	Section 3: Assessments
301	Stay Review Justification*
302	Alcohol/Drug History
303	ASI/YAI
304	Co-Occurring Conditions Screening
305a,b	High Risk Assessment & Index(BHS)
	Additional Assessments

	Indicates there is no standardized form. If the information is collected by your program, it would be placed in this position in the client file.
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Form #	Section 4: Health/Medical
401	Client 12-Hours Intensive Observation Log (Detox)
402	Centrally Stored Medication List (Residential and Detox)
403	Health Questionnaire
404	TB Screening Questionnaire
	Copy of TB Test Results
406	Physician Direction Form*
	MD Recommendations/Orders to Client*
	Proof of Pregnancy (Perinatal)
409	Diagnosis Determination Note*
	Additional Medical Documents

Form #	Section 5: Planning
501	Recovery/Treatment Plan
	Additional Planning Documents

Form #	Section 6: Progress Notes
601a,b	Progress Notes

Form #	Section 7: Discharge
701	Discharge Summary
702	10-Day Letter to Client*
703	CalOMS Discharge
704	Client Discharge Plan
	Additional Discharge Documents

Form #	Section 8: Drug Test Results/Reports
801	Drug Test & Results Log
	Drug Test Results from Lab
	Progress Reports
	Case Management Notes & Plans
	Referral Source Documents
	Additional Correspondence
	Additional Forms

***Required for Medi-Cal Providers Only**