



SanWITS Intake

Provider Id: _____
 Client Name: _____
 Client #: _____
 Data Entry Date: _____
 Data Entry Int: _____
 CalOMS Serial #:W_____

INTAKE		(*REQUIRED)
*Intake Facility	Auto-populates; DO NOT CHANGE; if wrong facility, go to Home Page to select correct facility	
Case # (Auto-populates)		
*Intake Staff	Auto-populates based on staff login; can be changed to reflect actual intake staff.	
*Case Status (Auto-populates)		
1-Open Active		
*Initial Contact	1-By Appointment 2-Community service patrol 3-In court	4-Other 5-Phone 6-Walk-in
*Intake Date (mm / dd /yyyy)		
*Residence (CA County)		
*Pregnant	<input type="checkbox"/> YES <input type="checkbox"/> NO (Auto-populates for Male)	*Due Date (For pregnant females only)
*Source of Referral	1-Individual, including self-referral 2-Alcohol/Drug Abuse program 3-Other Health Care Provider 4-School/Educational 5-Employer/EAP 6-12Step Mutual Aid 7-SACPA/Prop 36/OTP/Probation or Parole	8-Post-release Community Supervision (AB109) 9-DUI/DWI 10-Adult Felon Drug Court 11-Dependency Drug Court 12-Non SACPA Court/Criminal Justice 13-Other Community Referral 14-Child Protective Services
<i>Source of Referral - If option 8, client must have Criminal Justice Status in Admission of 4. If option 7, 10, or 12, client cannot have Criminal Justice Status in Admission record of 1</i>		
*Chronic Life Threatening Illness (CLTI)		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
*Injection Drug User		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DENIES		
Referral Contact		
Referral Date	Presenting Problem (In client's own words)	
Assessment Date		
Date Closed		

*Required Field