



CalOMS Admission

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

ADMISSION PROFILE		(*REQUIRED)
<i>Screening</i>		
Potential Client for MH <input type="checkbox"/> YES <input type="checkbox"/> NO	Based on Screening Based on Referral Based on Testing Result	Court Ordered Treatment Court Ordered Screening/Assessment
Potential Client for TBI <input type="checkbox"/> YES <input type="checkbox"/> NO	Based on Screening Based on Referral Based on Testing Result	Court Ordered Treatment Court Ordered Screening/Assessment
*Admission Date	Codependent/Collateral <input type="checkbox"/> YES <input type="checkbox"/> NO	
*Admission/Transaction Type	1-Initial Admission 2-Transfer of Change in Service	
*CalWORKs Recipient <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know		
*Type of Treatment Service	1-Nonresidential/Outpatient Treatment/Recovery 2-Nonresidential/Outpatient Day Program-intensive 3-Nonresidential/Outpatient Detoxification 5-Residential Detoxification (non-hospital) 6-Residential Treatment/recovery (30 days or less) 7-Residential Treatment/recovery (31 days or more)	
*SA Tx Under CalWORKs <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know		
*Submit to CalOMS <input type="checkbox"/> YES <input type="checkbox"/> NO	All DHCS funded programs must submit CalOMS. Check with program manager if unsure.	
*Number of Days Waited to Enter Tx	Must select # between 0 and 999 99901-Not sure/don't know 99904-Unable to answer (only if client is in detox or developmentally disabled)	
Number of days waited for services due to unavailability of slots starting on the day client was accepted for treatment services, ending first day services began. Do not include days waited due to other circumstances unique to client's life.		
*Special Services Contract ID (Always NA) <input type="checkbox"/> NA		
*Number of Prior Episodes	*Special Services/Contract County Code (Always Not Applicable) <input type="checkbox"/> Not Applicable	

ADMISSION ADMINISTRATION		(*REQUIRED)
Program Fees	Intake Fees	
Drug Testing Participation <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know		
Testing Level Indicator	Amber	Brown
	Blue	Cobalt
	Bronze	Gold
		Green
		Jade
		Onyx
		Opal
		Orange
		Pink
		Purple
		Red
		Rub
		Silver
		Topaz
		White

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ADMISSION ADMINISTRATION (*REQUIRED)

Pictures Taken		Encounter Fees	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know			
Prop 36 – Start Date (mm / dd / yyyy) (*Required for DMC Billing)		Prop 36 – End Date (mm / dd / yyyy) (*Required for DMC Billing)	
		JURIS #	
*Special Population Program (Funding Source)	1-Medi-Cal Participant 2-CalWORKS Funded 3-FIT Grant Participant 4- Perinatal Funded/NonDDC/Non-DMC 5-HIV Funded Participant	7-Juvenile Drug Court 8-Drug Court Participant 9-Re-Entry Court Funded 10-Parolee Partnership Program 11-AB 109 Participant 12-EBPSP Funded	13-None (County ADS Funded) 14-Fee-For-Service 15-Non ADS Funded Participant 6-Bridge to Recovery Referral 6-SACPA Participant (Prop 36)
*How did you hear about us?	1-Get Off Meth Brochure 2-ADS Web Site 3-Help/Info Line (211) 4-Any Criminal Justice / Probation/Court/Parole/Law Enforcement	5-Other 6-Not Applicable 7-ER/Trauma/Hospital/Health Clinic	8-Homeless Shelter 9-Bridge to Recovery Referral 10-EBPSP
If Other, Specify			
Administrative Checklist (Select all that apply)		Personal Rights Given Emergency Contract release signed Property Inventory done Have the rules been read/signed Medical assessment form	Acknowledgement of receipt of privacy Chemical Free agreement read/signed Consent to Treatment Health Questionnaire Given

ALCOHOL & DRUG USE (*REQUIRED)

Primary Drug			
*Drug Type	0-None (Will be rejected) 1-Heroin 2-Alcohol 3-Barbiturates+	8-Cocain/Crack 9-Marijuana/Hashish 10-PCP 11-Other Hallucinogens+	16-Other Opiates or Synthetics+ 17-Inhalants+ 18-Over-the-Counter+ 19-Ecstasy
Drug Name (+Must specify name)	4-Other Sedatives or Hypnotics+ 5-Methamphetamines 6-Other Amphetamines+ 7-Other Stimulants+	12-Tranquilizers (e.g.Benzodiazepine)+ 13-Other Tranquilizers+ 14-Non-Prescription Methadone 15-OxyCodone/OxyContin	20-Other Club Drugs+ 99901-Unknown (Will be rejected) 99903-Other (specify)+
*Number of Days Used in Past 30 Days	Must select # between 0 and 30 99902-N/A or None		
*Route of Administration	1-Oral 2-Smoking	3-Inhalation 4-Injection (IV / intramuscular)	99902-None or not applicable (Will be rejected) 99903-Other
*Age of First Use	Must select # between 5 and 105 99904-Unable to answer (only if client is in detox or developmentally disabled)		
Secondary Drug			
*Drug Type	0-None 1-Heroin 2-Alcohol 3-Barbiturates+	8-Cocain/Crack 9-Marijuana/Hashish 10-PCP 11-Other Hallucinogens+	16-Other Opiates or Synthetics+ 17-Inhalants+ 18-Over-the-Counter+ 19-Ecstasy
Drug Name (+Must specify name)	4-Other Sedatives or Hypnotics+ 5-Methamphetamines 6-Other Amphetamines+ 7-Other Stimulants+	12-Tranquilizers (e.g. Benzodiazepine)+ 13-Other Tranquilizers+ 14-Non-Prescription Methadone 15-OxyCodone/OxyContin	20-Other Club Drugs+ 99901-Unknown (Will be rejected) 99903-Other (specify)+

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TOBACCO / NICOTINE		(*REQUIRED)
In the past 30 days, how often did you use tobacco/nicotine product(s)?	1- 1-3 times in the past 30 days 2- Once a week 3- 3-6 times a week 4- Daily	5- 3-6 times a day 6- More than 6 times a day 97- Unknown
In the past 30 days, how many cigarettes did you smoke per week?		

FAMILY / SOCIAL		(*REQUIRED)
*Number of Days Social Support in Past 30	Must select # between 0 and 30	
*Current Living Arrangements	1-Homeless 2-Dependent Living 3-Independent Living	
*Number of Children Under 18	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Children Age 5 or Less	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Days Living w/User of Alcohol or Drugs in Past 30	Must select # between 0 and 30 99900-Decline to state 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Children Living w/Someone Else Because of a Child Protection Order	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Days Family Conflict in Past 30	Must select # between 0 and 30 99900-Decline to state 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Children Living w/Someone Else for whom Parental Rights have been Terminated	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Current Zip Code	00000-Homeless XXXXX-Declined to state ZZZZZ-Unable to answer (only if client is in detox or developmentally disabled)	
<i>Abuse Characteristics</i>		
*Does episode involve physical abuse?	1-N/A 2-Perpetrator 3-Victim	4-No 5-Unwilling to Answer
*Does episode involve sexual abuse?	1-N/A 2-Perpetrator 3-Victim	4-No 5-Unwilling to Answer
*Does episode involve domestic abuse?	1-N/A 2-Perpetrator 3-Victim	4-No 5-Unwilling to Answer

*Required Field



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EMPLOYMENT		(*REQUIRED)																																	
*Employment Status	1-Employed Full Time (Includes self-employed; do not include volunteer hours) 2-Part time (Includes self-employed; do not include volunteer hours) 3-Unemployed looking for work 4-Unemployed not in the labor force (not seeking; students, homemaker, retired; injured on the job) 5-Not in the labor force (not seeking; unemployable due to disability)																																		
*Number of Paid Work Days in Past 30	Must select # between 0 and 30 99900-Divide to state 99904-Unable to answer (only if client is in detox or developmentally disabled)																																		
*Enrolled in School																																			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client declined to state/99900 <input type="checkbox"/> Client unable to answer/99904 (Only if client is in detox or developmentally disabled)																																			
*Enrolled in Job Training																																			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client declined to state/99900 <input type="checkbox"/> Client unable to answer/99904 (Only if client is in detox or developmentally disabled)																																			
*Graduated from High School																																			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Client declined to state/99900 <input type="checkbox"/> Client unable to answer/99904 (Only if client is in detox or developmentally disabled)																																			
*Highest School Grade Completed	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">00-Kindergarten</td> <td style="width: 33%;">11-11th Grade</td> <td style="width: 33%;">22-22</td> </tr> <tr> <td>01-1st Grade</td> <td>12-12th Grade/GED</td> <td>23-23</td> </tr> <tr> <td>02-2nd Grade</td> <td>13-13</td> <td>24-24</td> </tr> <tr> <td>03-3rd Grade</td> <td>14-14</td> <td>25-25</td> </tr> <tr> <td>04-4th Grade</td> <td>15-15</td> <td>26-26</td> </tr> <tr> <td>05-5th Grade</td> <td>16-16</td> <td>27-27</td> </tr> <tr> <td>06-6th Grade</td> <td>17-17</td> <td>28-28</td> </tr> <tr> <td>07-7th Grade</td> <td>18-18</td> <td>29-29</td> </tr> <tr> <td>08-8th Grade</td> <td>19-19</td> <td>30-30 99900-Client declined to state</td> </tr> <tr> <td>09-9th Grade</td> <td>20-20</td> <td>99904-Client unable to answer (only if client is in detox or developmentally disabled)</td> </tr> <tr> <td>10-10th Grade</td> <td>21-21</td> <td></td> </tr> </table>		00-Kindergarten	11-11 th Grade	22-22	01-1 st Grade	12-12 th Grade/GED	23-23	02-2 nd Grade	13-13	24-24	03-3 rd Grade	14-14	25-25	04-4 th Grade	15-15	26-26	05-5 th Grade	16-16	27-27	06-6 th Grade	17-17	28-28	07-7 th Grade	18-18	29-29	08-8 th Grade	19-19	30-30 99900-Client declined to state	09-9 th Grade	20-20	99904-Client unable to answer (only if client is in detox or developmentally disabled)	10-10 th Grade	21-21	
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10-10 th Grade	21-21																																		

LEGAL / CRIMINAL JUSTICE		(*REQUIRED)
*Number of Arrests in Last 30 Days	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Jail Days in Last 30	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Prison Days in Last 30	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Arrests in Last 6 Months	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Criminal Justice Status	1-No criminal justice involvement 2-Under parole supervision from CDC 3-On parole from any other jurisdiction 4-Post-release Community Service (AB109) or on probation from any federal, state, or local jurisdiction 5-Admitted under other diversion from any court under CA Penal Code Section 1000 6-Incarcerated 7-Awaiting trial, charges or sentencing 99904-Unable to answer (only if client is in detox or developmentally disabled)	
Type of Sentence	Conditional Sentence Formal Probation Parole	

*Required Field



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LEGAL / CRIMINAL JUSTICE		(*REQUIRED)
*CDC Number	99900-Declined to state 99904-Unable to answer (only if client is in detox or developmentally disabled) 99901-Not sure 99902-None	
CDC number is a valid six-character string of capital alpha (A-Z) and numeric (0-9) CDCR characters		
*Parole Services Network		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
*FOTP (Always select NO – not offered in San Diego County)		
<input type="checkbox"/> NO		
*FOTP Priority Status (Always select 99902)		
<input type="checkbox"/> 99902		

MEDICAL / PHYSICAL HEALTH		(*REQUIRED)
*Number of Times Emergency Room in Past 30	Must select # between 0 and 99 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Hospital Overnights in Past 30 Days	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Number of Days Medical Problems in Past 30	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Medi-Cal Beneficiary		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
*Medication Prescribed as Part of Tx	1-None 2-Methadone 3-LAAM	4-Buprenorphine (Subutex) 5-Buprenorphine (Suboxone) 99903-Other
Medications – Report Only medications prescribed by the provider for SUD treatment; this field is checked against the state’s Master Provider File to ensure the services being reported are consistent with what the provider is certified or licensed to provide.		
*Communicable Diseases: Tuberculosis		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Declined to state/99900 <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
*Communicable Diseases: Hepatitis C		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Declined to state/99900 <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
*HIV Tested		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Declined to state/99900 <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
*HIV Test Results Received		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Declined to state/99900 <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
*Communicable Diseases: STD		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Declined to state/99900 <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		
*Pregnant at Admission	(Auto-populates based on gender and previous pregnancy questions.)	
<input type="checkbox"/> YES <input type="checkbox"/> NO		

***Required Field**



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MENTAL HEALTH (*REQUIRED)

<p>*Mental Illness Diagnosed</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NotSure/Don't Know/99901</p>	
<p>*Number of Times Outpatient Emergency MH Services in Past 30 Days</p>	<p>Must select # between 0 and 99 99904-Unable to answer (only if client is in detox or developmentally disabled)</p>
<p>*Number of 24hr Psychiatric Facility Stays in Past 30 Days</p>	<p>Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)</p>
<p>*Mental Health Medication in Past 30 Days</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)</p>	
<p>*Suicide Attempts</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>*Was the attempt in the last 30 days? (*Required field if suicide answer is YES)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

*Required Field