



CalOMS Annual Update

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

CALOMS ANNUAL UPDATE/FOLLOW-UP PROFILE (*REQUIRED)

*CalOMS Annual Update Date (mm / dd / yyyy)
CalOMS Annual Update # (Auto-populates)

ALCOHOL & DRUG USE AT ANNUAL UPDATE (*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
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)+
*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 99903-Other
*Number of Days Alcohol Used in Past 30 Days	Auto-populates if 1 st or 2 nd drug is alcohol Must select # between 0 and 30		
*Number of Days IV Used in Past 30 Days	Must select # between 0 and 30 99900-Declined to state 99904-Unable to answer (only if client is in detox or developmentally disabled)		
*Used Needles in Past 12 Months			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)			

FAMILY/SOCIAL AT ANNUAL UPDATE (*REQUIRED)

*Number of Days Social Support in Past 30	Must select # between 0 and 30
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*Required Field



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FAMILY/SOCIAL AT ANNUAL UPDATE		(*REQUIRED)
*Number of Children Under 18	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
*Current Living Arrangements	1-Homeless 2-Dependent Living 3-Independent Living	
*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)	

EMPLOYMENT AT ANNUAL UPDATE		(*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-Decline 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"/> Declined to state/99900 <input type="checkbox"/> 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"/> Declined to state/99900 <input type="checkbox"/> 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"/> Declined to state/99900 <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)		

*Required Field



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EMPLOYMENT AT ANNUAL UPDATE (*REQUIRED)

Highest School Grade Completed	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-Unable to answer (only if client is in detox or developmentally disabled)
	10-10 th Grade	21-21	

LEGAL/CRIMINAL JUSTICE AT ANNUAL UPDATE (*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)

MEDICAL/PHYSICAL HEALTH AT ANNUAL UPDATE (*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)
*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)	

*Required Field



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MEDICAL/PHYSICAL HEALTH AT ANNUAL UPDATE (*REQUIRED)

<p>*Pregnant at Admission</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>(Auto-populates based on gender and previous pregnancy questions.)</p>
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MENTAL HEALTH AT ANNUAL UPDATE (*REQUIRED)

<p>*Mental Illness Diagnosed</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/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 (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>	

*Required Field