



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

## CalOMS Discharge

DISCHARGE PROFILE		(*REQUIRED)
<b>*Discharge Date</b> (mm / dd / yyyy)		<b>*Admission Date</b> (Auto-populates)
<b>*Discharge Status</b> -Do Not Use- "No Treatment"	1-Completed Tx/Recovery Plan Goals/Refer/Standard 2-Completed Tx/Recovery Plan Goals/Not Refer/Standard 3-Left Before Completion w/Satisfactory Progress/Standard 4-Left Before Completion w/Satisfactory Progress/Admin	5-Left Before Completion w/Unsatisfactory Progress/Standard 6-Left Before Completion w/Unsatisfactory Progress/Admin 7-Death 8-Incarceration
<b>Ancillary Services Referral</b> (Select all that apply)	0-None/No Other 1-Education/Literacy 2-Mental Health 3-Medical	4-Vocational 5-Family Counseling 6-Sober Living 7-Other

ALCOHOL & DRUG USE AT DISCHARGE		(*REQUIRED)
<b>Primary Drug</b>		
<b>*Drug Type</b>	0-None 1-Heroin 2-Alcohol 3-Barbiturates+ 4-Other Sedatives or Hypnotics+ 5-Methamphetamines 6-Other Amphetamines+ 7-Other Stimulants+	8-Cocain/Crack 9-Marijuana/Hashish 10-PCP 11-Other Hallucinogens+ 12-Tranquilizers(e.g.Benzodiazepine)+ 13-Other Tranquilizers+ 14-Non-Prescription Methadone 15-OxyCodone/OxyContin 16-Other Opiates or Synthetics+ 17-Inhalants+ 18-Over-the-Counter+ 19-Ecstasy 20-Other Club Drugs+ 99901-Unknown (Will be rejected) 99903-Other (specify)+
<b>Drug Name</b> (+Must specify name)		
<b>*Number of Days Used in Past 30 Days</b>	Must select # between 0 and 30 99902-N/A or None	
<b>*Route of Administration</b>	1-Oral 2-Smoking	3-Inhalation 4-Injection (IV / intramuscular) 99902-None or not applicable (Will be rejected) 99903-Other
<b>Secondary Drug</b>		
<b>*Drug Type</b>	0-None 1-Heroin 2-Alcohol 3-Barbiturates+ 4-Other Sedatives orHypnotics+ 5-Methamphetamines 6-Other Amphetamines+ 7-Other Stimulants+	8-Cocain/Crack 9-Marijuana/Hashish 10-PCP 11-Other Hallucinogens+ 12-Tranquilizers(e.g. Benzodiazepine)+ 13-Other Tranquilizers+ 14-Non-Prescription Methadone 15-OxyCodone/OxyContin 16-Other Opiates or Synthetics+ 17-Inhalants+ 18-Over-the-Counter+ 19-Ecstasy 20-Other Club Drugs+ 99901-Unknown (Will be rejected) 99903-Other (specify)+
<b>Drug Name</b> (+Must specify name)		
<b>*Number of Days Used in Past 30 Days</b>	Must select # between 0 and 30 99902-N/A or None	
<b>*Route of Administration</b>	1-Oral 2-Smoking	3-Inhalation 4-Injection (IV / intramuscular) 99902-None or not applicable 99903-Other
<b>*Number of Days Alcohol Used in Past 30 Days</b>	Auto-populates if 1 <sup>st</sup> or 2 <sup>nd</sup> drug is alcohol Must select # between 0 and 30	
<b>*Number of Days IV Used in Past 30 Days</b>	Must select # between 0 and 30 99900-Declined to state 99904-Unable to answer (only if client is in detox or developmentally disabled)	

\*Required Field



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

## CalOMS Discharge

ALCOHOL & DRUG USE AT DISCHARGE		(*REQUIRED)
<i>Tertiary Drug</i>		
<b>Drug Type</b>	0-None 1-Heroin 2-Alcohol 3-Barbiturates+	8-Cocain/Crack 9-Marijuana/Hashish 10-PCP 11-Other Hallucinogens+ 12-Tranquilizers (e.g. Benzodiazepine)+ 13-Other Tranquilizers+ 14-Non-Prescription Methadone 15-OxyCodone/OxyContin
<b>Drug Name</b> (+Must specify name)	4-Other Sedatives or Hypnotics+ 5-Methamphetamines 6-Other Amphetamines+ 7-Other Stimulants+	16-Other Opiates or Synthetics+ 17-Inhalants+ 18-Over-the-Counter+ 19-Ecstasy 20-Other Club Drugs+ 99901-Unknown (Will be rejected) 99903-Other (specify)+
<b>Number of Days Used in Past 30 Days</b>	Must select # between 0 and 30 99902-N/A or None	
<b>Route of Administration</b>	1-Oral 2-Smoking	3-Inhalation 4-Injection (IV / intramuscular) 99902-None or not applicable 99903-Other

TOBACCO / NICOTINE AT DISCHARGE		(*REQUIRED)
<b>*Have you ever used Tobacco/Nicotine products?</b>	<i>*Answering NO or UNKNOWN will cause remaining fields to auto-populate; if YES, continue answering the questions.</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown		
<b>Smoker Status</b>	1-Current every day smoker 2-Current some day smoker	3-Smoke, current status unknown 4-Former smoker
<b>At what age did you first use tobacco/nicotine product(s)?</b>	1-<=10 2-11-14 3-15-19	4-20-25 5-26-30 6->=31 97-Unknown
<b>In the past 30 days, what tobacco/nicotine product did you use most frequently?</b>	0-No Tobacco Use 1-Cigarettes 2-Cigars or Pipes	3-Smokeless Tobacco 4-Combo/more than 1
<b>Other/Please Describe</b> <i>(Unable to add or modify information in this field – leave blank)</i>		
<b>In the past 30 days, how often did you use tobacco/nicotine product(s)?</b>	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
<b>In the past 30 days, how many cigarettes did you smoke per week?</b>		

FAMILY / SOCIAL AT DISCHARGE		(*REQUIRED)
<b>*Number of Days Social Support in Past 30</b>	Must select # between 0 and 30	
<b>*Current Living Arrangements</b>	1-Homeless 2-Dependent Living 3-Independent Living	
<b>*Number of Days Living w/User of Alcohol or Drugs in Past 30</b>	Must select # between 0 and 30 99900-Decline to state 99904-Unable to answer (only if client is in detox or developmentally disabled)	

\*Required Field



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

## CalOMS Discharge

<b>FAMILY / SOCIAL AT DISCHARGE</b>		<b>(*REQUIRED)</b>
<b>*Number of Days Family Conflict in Past 30</b>	Must select # between 0 and 30 99900-Decline to state 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Number of Children Under 18</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Number of Children Age 5 or Less</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Number of Children Living w/Someone Else Because of a Child Protection Order</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Number of Children Living w/Someone Else for whom Parental Rights have been Terminated</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Current Zip Code</b>	00000-Homeless XXXXX-Declined to state ZZZZZ-Unable to answer (only if client is in detox or developmentally disabled)	

<b>EMPLOYMENT AT DISCHARGE</b>		<b>(*REQUIRED)</b>
<b>*Employment Status</b>	1-Employed Full Time (Includes self-employed; 35 or more hrs per week; exclude volunteer work) 2-Part time (Includes self-employed; fewer than 35 hrs per week; exclude volunteer work) 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)	
<b>*Number of Paid Work Days in Past 30</b>	Must select # between 0 and 30 99900-Decline to state 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Enrolled in School</b>		
<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)		
<b>*Enrolled in Job Training</b>		
<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)		
<b>*Graduated from High School</b>		
<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)		

<b>LEGAL / CRIMINAL JUSTICE AT DISCHARGE</b>		<b>(*REQUIRED)</b>
<b>*Number of Arrests in Last 30 Days</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	
<b>*Number of Jail Days in Last 30</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)	

\*Required Field



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

## CalOMS Discharge

<b>*Number of Prison Days in Last 30</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)
<b>LEGAL / CRIMINAL JUSTICE AT DISCHARGE (*REQUIRED)</b>	
<b>*Number of Arrests in Last 6 Months</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)

<b>MEDICAL / PHYSICAL HEALTH (*REQUIRED)</b>	
<b>*Number of Times Emergency Room in Past 30</b>	Must select # between 0 and 99 99904-Unable to answer (only if client is in detox or developmentally disabled)
<b>*Number of Hospital Overnights in Past 30 Days</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)
<b>*Number of Days Medical Problems in Past 30</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)
<b>*HIV Tested</b>	
<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)	
<b>*HIV Test Results Received</b>	
<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)	
<b>*Pregnant at Any Time During Tx</b> (Auto-populates based on gender and previous pregnancy questions)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>*Outcome of Pregnancy</b> (*Required if pregnant during treatment)	T=Terminated                      N=Not Drug Free Birth M=Miscarried                      S=Still Pregnant D=Drug Free Birth

<b>MENTAL HEALTH (*REQUIRED)</b>	
<b>*Mental Illness Diagnosed</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Sure/Don't Know/99901	
<b>*Number of Times Outpatient Emergency MH Services in Past 30 Days</b>	Must select # between 0 and 99 99904-Unable to answer (only if client is in detox or developmentally disabled)
<b>*Number of 24hr Psychiatric Facility Stays in Past 30 Days</b>	Must select # between 0 and 30 99904-Unable to answer (only if client is in detox or developmentally disabled)
<b>*Mental Health Medication in Past 30 Days</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unable to answer/99904 (only if client is in detox or developmentally disabled)	

\*Required Field