

# Admission, Placement Screening/OWI

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

Address Type  
 Client Billing  
 Client Home  
 Client Previous  
 Client Work

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Facility Admitted to: \_\_\_\_\_

Therapist: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Placement Screening/OWI Assessment and Admission: Complete all fields

Concerned: Complete fields 1-19 and 48-51

1. Facility: \_\_\_\_\_

2. Gender:  Male  Female

3. Date of birth:      
MM DD YY

4. Social Security #:

5. Race:  
 Caucasian  
 Black/African American  
 American Indian  
 Asian  
 Hawaiian or Pacific Islander  
 Alaskan Native  
 Unknown  
 Not Collected

6. Ethnicity  
 Not Spanish/Hispanic/Latino/Mexican  
 Puerto Rican  
 Mexican  
 Cuban  
 Other Hispanic or Latino

9. Therapist \_\_\_\_\_

10. Initial Contact  
 By Appointment  
 Other  
 Phone  
 Walk-in

11. Date of first contact: \_\_\_\_\_

12. Intake date: \_\_\_\_\_

13. County of Residence \_\_\_\_\_  
 NA, Out of State

14. Source of Referral  
 Self  
 Health Care Provider  
 Community Mental Health Clinic  
 Alcohol/Drug Abuse Provider  
 Other individual  
 Employer (EAP)  
 School  
 TASC  
 OWI  
 Federal Probation  
 State Probation

xx. Source of Referral (cont'd)  
 Other criminal justice/court  
 Civil commitment  
 Division of vocational rehabilitation  
 Promise Jobs  
 Zero Tolerance  
 Drug Court  
 DHS-Child Abuse  
 DHS-Drug Endangered Child  
 DHS-Child Welfare  
 DHS-Other  
 Other Community  
 Parole Board

16. Presenting problem (in client's own words)  
\_\_\_\_\_  
\_\_\_\_\_

17. Special Initiative  
 None  
 Cultural Competency Grant  
 Jail-Based Treatment: CADS, UCS, S  
 Methamphetamine: TCE Grant only  
 Women & Children: Magellan special initiative  
 Jail-Based Assessment: Magellan initiative

18.  # of Days Waiting

19. Admission for Concerned Person?  
 Yes  No

20. Event Type:  
 Admission  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

21.  # of Prior SA TX Admissions

22.  # of Non-TX SA Related hospitalizations in past 6 months

23.  # of months since last discharge

24. Past IV Drug Use?  Yes  No  Denies

25. Mental Health Problem:  
 Yes  No

26. Methadone Maintenance Planned  
 Yes  No

27. Years of education

28. Veteran Status
- None
  - Armed Forces/On Active Duty; Combat History
  - Armed Forces/On Active Duty; No Combat History
  - Military Dependent
  - National Guard/Combat History
  - National Guard/No Combat History
  - National Guard/Active Duty/Combat History
  - National Guard/Active Duty/No Combat History
  - National Guard/No Combat History
  - Retired from Military/Combat History
  - Retired from Military/No Combat History
  - Served in Armed Forces/ Combat history
  - Served in Armed Forces/No Combat History
  - Unknown

29. Pregnant
- Yes  No
  - If Yes, Date Due \_\_\_\_\_

30. Employment Status:
- Employed Full Time
  - Employed Part Time
  - Unemployed-Looking for Work
  - Homemaker
  - Student
  - Retired
  - Person has disability
  - Not in Labor Force Resident/Inmate
  - Not in Labor Force-Unemployed -Not Seeking

31.  Months Employed in Last 6 Months

32. Occupation
- None
  - Professional/Managerial
  - Sales
  - Crafts/Operatives
  - Non Farm Laborer
  - Farm Owner/Laborer
  - Service/Household

33.  Client's Monthly Gross Income

34. Primary Income Source
- None
  - Wages/Salary
  - Family/Friends
  - Public Assistance
  - Retirement/Pension
  - Disability
  - Other
  - SSI/SSDI Never
  - SSI/SSDI Previous
  - SSI/SSDI Current
  - SSI/SSDI Current and Previous

35. Expected payment source
- No charge
  - NA No Other Pay Source
  - Client Self-Pay
  - Blue Cross/Blue Shield
  - HMO
  - Other Health Insurance
  - Medicaid
  - Medicare
  - Workers Compensation
  - Other Government Grant
  - IDPH/Non-Medicaid Eligible

- xx. Expected Payment Source (con't)
- RTSS
  - Private Pay
  - Medicare/Medicaid Eligible
  - Medicare/Non-Medicaid Eligible
  - HAWK-I
  - Unknown

36. Insurance Type
- Blue Cross/Blue Shield
  - HMO
  - Other Health Insurance
  - HAWK-I
  - None
  - Individual Policy

37. Covers Substance Abuse
- Yes  No

38. Other Income Source
- None
  - Wages/Salary
  - Family/Friends
  - Public Assistance
  - Retirement/Pension
  - Disability
  - Other
  - SSI/SSDI Never
  - SSI/SSDI Previous
  - SSI/SSDI Current
  - SSI/SSDI

39. Current Living Arrangement
- Alone
  - With parents
  - With significant other
  - With significant other & children
  - With children alone
  - Other adult
  - Other adult and children
  - Jail/Correctional Facility
  - Homeless
  - Correctional Halfway House
  - Substance Abuse Halfway House
  - Group Home
  - Hospital
  - Transitional Housing
  - Shelter
  - Child/Adolescent Foster Care
  - Juvenile Detention

40. Marital Status
- Single Never Married
  - Married
  - Cohabiting
  - Separated
  - Divorced
  - Widowed
  - Unknown
  - Not Collected

41. # of Children Under 17 Living/Not Living w/ Client

42. If #41 is positive number, # of Children Spent Last 6 Months Living With Client

43. If #41 is positive number, are children living with someone else because of Protection Order?
- Yes
  - No

44. Substances Used:
- Primary:
  - None
  - Alcohol

xx. Substances Used/Primary (continued):

- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non Prescription Methadone
- Other Opiates/Synthetics
- PCP
- Other Hallucinogens
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives/Hypnotics
- Inhalants
- Over-the-counter Medication
- Steroids
- Ecstasy
- Other
- Other Prescribed Analgesics
- Oxycontin

Primary Frequency of Use:

- N/A
- No Use in the past 6 months
- No Use in the past month
- 1-3 times in the past month
- 1-2 times per week
- 3-6 times per week
- Once daily
- 2-3 times daily
- More than 3 times daily
- Unknown

Primary Method:

- Oral
- Smoking
- Inhalation
- IV Injection
- Non-IV Injection
- Nasal
- Other
- N/A

Secondary:

- None
- Alcohol
- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non Prescription Methadone
- Other Opiates/Synthetics
- PCP
- Other Hallucinogens
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives/Hypnotics
- Inhalants
- Over-the-counter Medication
- Steroids
- Ecstasy
- Other
- Other Prescribed Analgesics
- Oxycontin

Secondary Frequency of Use:

- N/A
- No Use in the past 6 months
- No Use in the past month
- 1-3 times in the past month
- 1-2 times per week
- 3-6 times per week
- Once daily
- 2-3 times daily
- More than 3 times daily
- Unknown

Secondary Method:

- Oral
- Smoking
- Inhalation
- IV Injection
- Non-IV Injection
- Nasal
- Other
- N/A

Tertiary:

- None
- Alcohol
- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non Prescription Methadone
- Other Opiates/Synthetics
- PCP
- Other Hallucinogens
- Methamphetamines
- Other Amphetamines
- Other Stimulants
- Benzodiazepines
- Other Tranquilizers
- Barbiturates
- Other Sedatives/Hypnotics
- Inhalants
- Over-the-counter Medication
- Steroids
- Ecstasy
- Other
- Other Prescribed Analgesics
- Oxycontin

Tertiary Frequency of Use:

- N/A
- No Use in the past 6 months
- No Use in the past month
- 1-3 times in the past month
- 1-2 times per week
- 3-6 times per week
- Once daily
- 2-3 times daily
- More than 3 times daily
- Unknown

Tertiary Method:

- Oral
- Smoking
- Inhalation
- IV Injection
- Non-IV Injection
- Nasal
- Other
- N/A

45. Age of First Use (Primary): \_\_\_\_\_

46. Age of First Use (Secondary): \_\_\_\_\_

47. Age of First Use (Tertiary): \_\_\_\_\_

48. Was the Substance prescribed to the client?

Primary

- Yes
- No
- N/A

Secondary

- Yes
- No
- N/A

Tertiary

- Yes
- No
- N/A

49. Other addictions

- Gambling
- Compulsive Disorder

xx. Other additions (Continued)

- None
- Eating Disorder
- Other

50.  Number of days Attended AA/NA Meetings in last 30 days

51.  # of days of work/school missed in last 6 months due to SA problems

52. Does Client Currently Use Tobacco

- No Tobacco Use
- Cigarettes
- Cigars or Pipes
- Smokeless Tobacco
- Combo/more than 1

53. If YES to cigarettes,

- < 1/2 pack
- > 2 packs
- 1/2 to < 1 pack
- 1-2 packs
- Greater than 2 packs

54. Last SA Environment in Last 10 Years

- No Previous Admission
- Medically managed Detox
- Medically monitored Detox
- Medically managed intensive inpatient
- Clinically managed high intensity res
- Clinically managed medium intensity residential
- Day treatment partial hospitalization
- Clinically managed low intensity res
- Continuing Care
- Extended Outpatient
- Intensive Outpatient
- Outpatient Detox
- Medically monitored intensive residential
- PMIC

55.  # of Arrests in Past 30 Days

56.  # of OWI in last 12 months?

57.  # of Non drug or alcohol-related crimes while under the influence in the last 12 months

58.  # of Non drug or alcohol-related crime while not under the influence in the last 12 months

59.  # of Drug or alcohol-related crime in the last 12 months

60. Recommended Environment

- No treatment recommended
- Medically managed detox
- Medically monitored detox
- Medically managed intensive inpatient
- Clinically managed high intensity residential
- Clinically managed medium intensity residential
- Day treatment/partial hospitalization
- Clinically managed low-intensity residential
- Continuing care
- Extended outpatient
- Intensive outpatient
- Outpatient detox
- Medically monitored intensive inpatient
- PMIC