

Client Crisis Admission/Discharge Report

FOR CRISIS ADMISSIONS/DISCHARGES DATED 1/1/2007 AND BEYOND

Provider Number _____

Program Number _____

Provider Client ID _____

Special Project (See instructions): _____

Sex Male Female Birth Date ____/____/____ Last 4 SSN _____ Last Name 2 Letters ____ (Birth Name)

Admission Date ____/____/____

Race Alaska Native Hawaiian/Other Pacific Islander
 American Indian White
 Asian Other
 Black or African American

Hispanic Origin Cuban Hispanic, Not Specified
 Mexican Puerto Rican
 Other Hispanic Not of Hispanic Origin

Veteran Status Yes No

Zip Code of Residence _____ (For Canada use 88888)

County of Residence _____

Type of Residence

- Private Residence
- Homeless, Shelter
- Homeless, No Shelter
- Single Resident Occupancy
- CD Community Residence
- MH/MRDD Community Residence
- Other Group Residential Setting
- Institution, Other (Jail, Hospital)
- Other

Principal Referral Source

- Self-Referral
- Family, Friends, Other Individuals
- AA/NA and Other Self-Help
- Other Court/Probation
- Alternatives to Incarceration
- City/County Jail
- NYS Department of Correctional Services
- NYS Division of Parole
- Drug Courts
- Office of Children and Family Services

Chemical Dependence Treatment

- CD Medically Managed Detoxification
- CD Medically Supervised Withdrawal Inpatient/Res.
- CD Medically Supervised Withdrawal Outpatient
- CD Medically Monitored Withdrawal
- CD Inpatient Rehabilitation
- CD Intensive Residential
- CD Residential Chemical Dependency for Youth
- CD Outpatient Chemical Dependency for Youth
- CD Community Residence
- CD Outpatient Clinic
- CD Outpatient Rehab Program
- CD Methadone Treatment
- CD Non-medically Supervised Outpatient

Health Care Services

- Developmental Disabilities Program
- Mental Health Provider
- Managed Care Provider
- Health Care Provider
- AIDS Related Services

Employer/Educational/Special Services

- Employer/Union (Non-EAP)
- School (Other than Prevention Program)
- Special Services (Homeless/Shelters)

Prevention/Intervention Services

- Community Education and Intervention
- Youth Education and Intervention (non SAP)
- Student Assistance Program/School Based
- Hospital and Health Care Intervention Services
- Employee Assistance Program
- Other Prevention/Intervention Program

Social Services

- Local Social Services-Child Protect Services/CWA
- Local Social Services Dist-Income Maintenance
- Local Social Services Dist Treatment Mandate/Public Assistance
- Local Social Services Dist Treatment Mandate/Medicaid Only
- Other Social Services Provider

Other

Criminal Justice Services

- Drinking Driver Referral
- Police
- Family Court/Probation

Highest Grade Completed

- No education
- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- High School Diploma
- General Equivalency Diploma
- Vocational Cert w/o Diploma/GED
- Vocational Cert w/ Diploma/GED
- Some College-No degree
- Associates Degree
- Bachelors Degree
- Graduate Degree

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Employment Status

- | | | |
|---|---|---|
| <input type="checkbox"/> Employed Full Time-35+ hrs/wk | <input type="checkbox"/> Unemployed, Not Looking for Work | <input type="checkbox"/> Not in Labor Force, Retired |
| <input type="checkbox"/> Employed Part Time-<35 hrs/wk | <input type="checkbox"/> Not employed/Able to Work | <input type="checkbox"/> Not in Labor Force, Student |
| <input type="checkbox"/> Employed in Sheltered Workshop | <input type="checkbox"/> Not in Labor Force, Child Care | <input type="checkbox"/> Not in Labor Force, Other |
| <input type="checkbox"/> Unemployed, In Treatment | <input type="checkbox"/> Not in Labor Force, Disabled | <input type="checkbox"/> Social Services Work Exp Program |
| <input type="checkbox"/> Unemployed, Looking for Work | <input type="checkbox"/> Not in Labor Force, In Training | <input type="checkbox"/> Unable to Work, Mandated Treatment |
| | <input type="checkbox"/> Not in Labor Force, Inmate | |

Primary Source of Income at Admission

- | | | |
|---|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Family and/or Spouse Contribution | <input type="checkbox"/> Temp Asst for Needy Families (TANF) |
| <input type="checkbox"/> Wages/Salary | <input type="checkbox"/> SSI/SSDI or SSA | <input type="checkbox"/> Other |
| <input type="checkbox"/> Alimony/Child Support | <input type="checkbox"/> Safety Net Assistance (SNA) | |
| <input type="checkbox"/> Department of Veterans Affairs | | |

Criminal Justice Status

- | | | |
|--|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Probation – non-ATI | <input type="checkbox"/> Correctional-based Setting |
| <input type="checkbox"/> Pre-Court Sentence (non-alt to incarceration) | <input type="checkbox"/> Probation – ATI | <input type="checkbox"/> Post Correctional Supervision |
| <input type="checkbox"/> Pre-Court Sentence (ATI) | <input type="checkbox"/> Other Alternative to Incarceration | |

Primary Substance

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> OxyContin | <input type="checkbox"/> GHB | <input type="checkbox"/> Other Hallucinogen |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other Opiate/Synthetic | <input type="checkbox"/> Khat | <input type="checkbox"/> Ephedrine |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Alprazolam (Xanax) | <input type="checkbox"/> Other Tranquillizer | <input type="checkbox"/> Inhalant |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Barbiturate | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Ketamine |
| <input type="checkbox"/> Marijuana/Hashish | <input type="checkbox"/> Benzodiazepine (e.g. Klonopin) | <input type="checkbox"/> Other Amphetamine | <input type="checkbox"/> ROHYPNOL |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Catapres (Clonidine) | <input type="checkbox"/> Other Stimulant | <input type="checkbox"/> Viagra |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Other Sedative /Hypnotic | <input type="checkbox"/> PCP | <input type="checkbox"/> Over-the-Counter |
| <input type="checkbox"/> Non-Rx Methadone | <input type="checkbox"/> Elavil | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Other |

Primary Route of Administration Inhalation Injection Oral Smoking Other

Primary Frequency of Use No use last 30 days 1-3 times last 30 days 1-2 times p/week 3-6 times p/week Daily

Primary Age of First Use ____

Secondary Substance

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> OxyContin | <input type="checkbox"/> GHB | <input type="checkbox"/> Other Hallucinogen |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other Opiate/Synthetic | <input type="checkbox"/> Khat | <input type="checkbox"/> Ephedrine |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Alprazolam (Xanax) | <input type="checkbox"/> Other Tranquillizer | <input type="checkbox"/> Inhalant |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Barbiturate | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Ketamine |
| <input type="checkbox"/> Marijuana/Hashish | <input type="checkbox"/> Benzodiazepine (e.g. Klonopin) | <input type="checkbox"/> Other Amphetamine | <input type="checkbox"/> ROHYPNOL |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Catapres (Clonidine) | <input type="checkbox"/> Other Stimulant | <input type="checkbox"/> Viagra |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Other Sedative /Hypnotic | <input type="checkbox"/> PCP | <input type="checkbox"/> Over-the-Counter |
| <input type="checkbox"/> Non-Rx Methadone | <input type="checkbox"/> Elavil | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Other |

Secondary Route of Administration Inhalation Injection Oral Smoking Other

Secondary Frequency of Use No use last 30 days 1-3 times last 30 days 1-2 times p/week 3-6 times p/week Daily

Secondary Age of First Use ____

Tertiary Substance

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> OxyContin | <input type="checkbox"/> GHB | <input type="checkbox"/> Other Hallucinogen |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other Opiate/Synthetic | <input type="checkbox"/> Khat | <input type="checkbox"/> Ephedrine |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Alprazolam (Xanax) | <input type="checkbox"/> Other Tranquillizer | <input type="checkbox"/> Inhalant |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Barbiturate | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Ketamine |
| <input type="checkbox"/> Marijuana/Hashish | <input type="checkbox"/> Benzodiazepine (e.g. Klonopin) | <input type="checkbox"/> Other Amphetamine | <input type="checkbox"/> ROHYPNOL |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Catapres (Clonidine) | <input type="checkbox"/> Other Stimulant | <input type="checkbox"/> Viagra |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Other Sedative /Hypnotic | <input type="checkbox"/> PCP | <input type="checkbox"/> Over-the-Counter |
| <input type="checkbox"/> Non-Rx Methadone | <input type="checkbox"/> Elavil | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Other |

Tertiary Route of Administration Inhalation Injection Oral Smoking Other

Tertiary Frequency of Use No use last 30 days 1-3 times last 30 days 1-2 times p/week 3-6 times p/week Daily

Tertiary Age of First Use ____

NYS Office of Alcoholism and Substance Abuse Services

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Date Last Treated ___/___/_____

Primary Payment Source

- None, Self-Pay, Medicaid, Medicaid Managed Care, Medicare, DSS Congregate Care, Department of Veterans Affairs, Private Insurance - Fee for Service, Private Insurance - Managed Care, Other

Discharge Reason & Referral Category

Discharge Status

- Completed Treatment: All Goals Met, Completed Treatment: Half or More Goals Met, Treatment Not Completed: Maximum Benefit/Clinical Discharge, Treatment Not Completed: Some Goals Met, Treatment Not Completed: No Goals Met

Discharge Disposition (CHECK ONE)

- Additional treatment at this level of care no longer necessary, Further treatment at this level unlikely to yield added clinical gains, Left against clinical advice: Formal referral made/offered, Left against clinical advice: Lost to contact (no referral possible), Left against clinical advice: Termination of third party funds, Left due to non-compliance with program rules, Left due to regulatory requirements (note: crisis programs), Client arrested/incarcerated, Client could no longer participate for medical/psych. reasons, Client death, Client relocated, Program closed

Referral Disposition (CHECK ONE)

- No referral made, No additional services needed, Referred back to CD* program, Referred to other CD* program, Referred to Mental Health Program, Referred to non-CD* treatment, Referred to Gambling Program, Refused referral

*CD=chemical dependence

Currently Attending Self-help Group Meetings (last 30 days)

- Yes, No

Referral Category (CHECK ONE)

Chemical Dependency (CD) Programs

- CD Methadone Program-Part 828, CD Medically Supv. Outpatient-Part 822, CD Outpatient Rehab Services-Part 822.9, CD Outpatient Non-Med. Supv-Part 821, CD Outpatient CD for Youth-Part 823, CD Residential Methadone-Part 828, CD Inpatient Rehabilitation-Part 818, CD OASAS Addiction Treatment Center-Part 818, CD Intensive Residential-Part 819, CD Community Residential-Part 819, CD Supportive Living-Part 819, CD Medically Managed Detox-Part 816.6, CD Residential CD for Youth-Part 820, CD Medically Supervised Withdrawal Inpatient/Res.-Part 816.7, CD Medically Supervised Withdrawal Outpatient-Part 816.7, CD Medically Monitored Withdrawal-Part 816.8

- Nursing Home, Long Term Care, Group Home, Foster Care

Mental Health Programs

- Mental Health Community Residence, Mental Health Inpatient, Mental Health Outpatient, Mental Retardation/Dev Disabilities

Self-Help

- AA, NA, Women for Sobriety, SOS, etc., AI-Anon, Alateen, Nar-Anon, etc.

- Other Referral

- No Referral Made, Refused Referral

*CD = chemical dependence

Health Institutions

- Hospital, Hospital (Long Term)/ Nursing Home

Addiction Medications Used During Treatment (CHECK ALL THAT APPLY - IF NONE, LEAVE BLANK)

- Methadone, Buprenorphine, Zyban/Wellbutrin, Naltrexone/Revia, Antabuse, Nicotine Patch, Nicotine Gum, Nicotine Lozenges, Campral, Other Medications

Medicaid Claim Data MATS Consent (TRS-2.3)

Consent Granted Yes No Effective Date: _____

If consent granted, effective date should be date consent is signed. If consent not granted, effective date should be admission date.

Expiration Date: _____ *Pre-filled by CDS. Will be 5 years from effective date if consent is granted.

For Provider Use (Optional)

Signature Title Date