NYS Office of Alcoholism and Substance Abuse Services

Client Admission Report

FOR ADMISSIONS DATED 4/1/2009 AND BEYOND

Provider Number __ __ __ __ __ **Program Number** __ __ __ __ __

Provider Client ID __ __ __ __ __ __ __ __ __ __ **Special Project (See instructions):**______________________________

Sex ☐ Male ☐ Female **Birth Date** __ __ /__ __/__ __ __ __ **Last 4 SSN** __ __ __ __ **Last Name First 2 Letters** __ __ (Birth Name)

Admission Date __ __ / __ __ / __ __ __ __ **Last Name First 2 Letters** __ __ (Current Name)

NYSID __ __ __ __ __ __ __ __ __ __ **CJ Consent Date** __ __/__ __/__ __ __ __ **CJ Consent Revoke Date** __ __/__ __/__ __ __ __

No. of Assessment Visits/Days __ **Significant Other** ☐ Yes ☐ No

Race
- ☐ Alaska Native
- ☐ American Indian
- ☐ Asian
- ☐ Black or African American
- ☐ Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other

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

Primary Language
- ☐ Arabic
- ☐ Chinese
- ☐ English
- ☐ French
- ☐ Greek
- ☐ Hindi
- ☐ Japanese
- ☐ Portuguese
- ☐ Russian
- ☐ Sign Language
- ☐ Spanish
- ☐ Other

Veteran Status

Veteran ☐ Yes ☐ No

Zip Code of Residence ___ ___ ___ ___ ___ (For Canada use 88888)

County of Residence _________________________

U.S. Military Status (if applicable, select one; if not, skip)
- ☐ Active Duty
- ☐ Reserves/National Guard
- ☐ Both Active Duty and Reserves/National Guard

Type of Residence
- ☐ Private Residence
- ☐ Homeless, Shelter
- ☐ Homeless, No Shelter
- ☐ Single Resident Occupancy
- ☐ CD Community Residence
- ☐ CD Supportive Living
- ☐ MH/MRDD Community Residence
- ☐ Other Group Residential Setting
- ☐ Institution, Other (jail, hospital)
- ☐ Other

Living Arrangements ☐ Living Alone ☐ Living w/ Non-Related Persons ☐ Living with Spouse/Relatives

Principal Referral Source

<u>Criminal Justice Services</u>
- ☐ DLR District Attorney
- ☐ DLR Court
- ☐ DLR Probation
- ☐ DLR Parole General
- ☐ DLR Parole Release Shock
- ☐ DLR Parole Release Willard
- ☐ DLR Parole Release Resentence
- ☐ Drinking Driver Referral
- ☐ Police
- ☐ Family Court
- ☐ Other Court
- ☐ Alternatives to Incarceration
- ☐ City/County Jail
- ☐ NYS Department of Correctional Services
- ☐ Office of Children and Family Services

<u>Self, Family, Other</u>
- ☐ Self-Referral
- ☐ Family, Friends, Other Individuals
- ☐ AA/NA and Other Self-Help

<u>Chemical Dependence Treatment</u>
- ☐ CD Program in New York State
- ☐ CD Program Out of State
- ☐ CD VA Program
- ☐ CD Private Practitioner

<u>Prevention/Intervention Services</u>
- ☐ School-Based Prevention Program
- ☐ Community-Based Prevention Program
- ☐ Employee Assistance Program
- ☐ Other Prevention/Intervention Program

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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)

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

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

Employment Status
- ☐ Employed Full Time-35+ hrs/wk
- ☐ Employed Part Time-<35 hrs/wk
- ☐ Employed in Sheltered Workshop
- ☐ Unemployed, In Treatment
- ☐ Unemployed, Looking for Work
- ☐ Unemployed, Not Looking for Work
- ☐ Not in Labor Force, Child Care
- ☐ Not in Labor Force, Disabled
- ☐ Not in Labor Force, In Training
- ☐ Not in Labor Force, Inmate
- ☐ Not in Labor Force, Retired
- ☐ Not in Labor Force, Student
- ☐ Not in Labor Force, Other
- ☐ Soc Srvcs Work Exp Program
- ☐ Soc Srvcs Determined, Not Employed/Able to Work
- ☐ Soc Srvcs Determined, Unable to Work, Mandated Treatment

Primary Source of Income at Admission

- ☐ None
- ☐ Wages/Salary
- ☐ Alimony/Child Support
- ☐ Department of Veterans Affairs
- ☐ Family and/or Spouse Contribution
- ☐ SSI/SSDI or SSA
- ☐ Safety Net Assistance (SNA)
- ☐ Temp Asst for Needy Families (TANF)
- ☐ Other

Family History
Marital Status ☐ Married ☐ Never Married ☐ Living as Married ☐ Separated ☐ Divorced ☐ Widowed
Child of Alcoholic/Substance Abuser ☐ No ☐ Both ☐ Child of Alcoholic(s) ☐ Child of Substance Abuser(s)
No. of children ___ No. of children living with Client ___ No. of Children living in Foster Care ___
Case with Child Protective Services ☐ Yes ☐ No

Criminal Justice Information
Criminal Justice Status (check all that apply)
- ☐ None
- ☐ Probation
- ☐ Parole
- ☐ Work Release
- ☐ In Prison/Jail
- ☐ In OCFS Facility
- ☐ Charges Pending
- ☐ Any Treatment or Specialty Court
- ☐ Other (e.g., District Attorney)

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Arrests/Incarceration

Is this admission a result of an alternative to incarceration? ☐ Yes ☐ No

No. of Arrests in Prior 30 Days ___ ___
No. of Arrests in Prior 6 Months ___ ___ **No. of Days Incarcerated in Prior 6 Months** ___ ___ ___

Primary Substance

☐ None
☐ Alcohol
☐ Cocaine
☐ Crack
☐ Marijuana/Hashish
☐ Heroin
☐ Buprenorphine
☐ Non-Rx Methadone
☐ OxyContin
☐ Other Opiate/Synthetic
☐ Alprazolam (Xanax)
☐ Barbiturate
☐ Benzodiazepine (Klonopin)
☐ Catapres (Clonidine)
☐ Other Sedative /Hypnotic
☐ Elavil
☐ GHB
☐ Khat
☐ Other Tranquillizer
☐ Methamphetamine
☐ Other Amphetamine
☐ Other Stimulant
☐ PCP
☐ Ectasy
☐ Other Hallucinogen
☐ Ephedrine
☐ Inhalant
☐ Ketamine
☐ ROHYPNOL
☐ Viagra
☐ Over-the-Counter
☐ Other

Primary Route ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ Other
Primary Frequency ☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☐ Daily
Primary Age of First Use ___ ___

Secondary Substance

☐ None
☐ Alcohol
☐ Cocaine
☐ Crack
☐ Marijuana/Hashish
☐ Heroin
☐ Buprenorphine
☐ Non-Rx Methadone
☐ OxyContin
☐ Other Opiate/Synthetic
☐ Alprazolam (Xanax)
☐ Barbiturate
☐ Benzodiazepine (Klonopin)
☐ Catapres (Clonidine)
☐ Other Sedative /Hypnotic
☐ Elavil
☐ GHB
☐ Khat
☐ Other Tranquillizer
☐ Methamphetamine
☐ Other Amphetamine
☐ Other Stimulant
☐ PCP
☐ Ectasy
☐ Other Hallucinogen
☐ Ephedrine
☐ Inhalant
☐ Ketamine
☐ ROHYPNOL
☐ Viagra
☐ Over-the-Counter
☐ Other

Secondary Route ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ Other
Secondary Frequency ☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☐ Daily
Secondary Age of First Use ___ ___

Tertiary Substance

☐ None
☐ Alcohol
☐ Cocaine
☐ Crack
☐ Marijuana/Hashish
☐ Heroin
☐ Buprenorphine
☐ Non-Rx Methadone
☐ OxyContin
☐ Other Opiate/Synthetic
☐ Alprazolam (Xanax)
☐ Barbiturate
☐ Benzodiazepine (Klonopin)
☐ Catapres (Clonidine)
☐ Other Sedative /Hypnotic
☐ Elavil
☐ GHB
☐ Khat
☐ Other Tranquillizer
☐ Methamphetamine
☐ Other Amphetamine
☐ Other Stimulant
☐ PCP
☐ Ectasy
☐ Other Hallucinogen
☐ Ephedrine
☐ Inhalant
☐ Ketamine
☐ ROHYPNOL
☐ Viagra
☐ Over-the-Counter
☐ Other

Tertiary Route ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ Other
Tertiary Frequency ☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☐ Daily
Tertiary Age of First Use ___ ___

Self-Help

Is the client currently attending 12-step or other self-help group meetings (last 30 days)? ☐ Yes ☐ No

Tobacco

Has the client ever used tobacco (nicotine)? ☐ Yes ☐ No

Age of First Use ___ ___

Frequency of Use (in past 30 days):
☐ No use last 30 days ☐ 1-3 times last 30 days ☐ 1-2 times per week ☐ 3-6 times per week ☐ Daily

Date Last Used: Month __ __ **Year** __ __ __ __

Primary Route of Administration: ☐ Smoking ☐ Chewing

Prior Treatment Episodes

Enter the number of prior Substance/Alcohol Abuse treatment episodes __ *(Enter 0 to 5).*
If the number of prior treatment episodes is greater than 5, use 5.

Physical Health Related Conditions

Pregnant	☐ Yes	☐ No	Speech Impairment	☐ Yes	☐ No
Hearing Impairment	☐ Yes	☐ No	Sight Impairment	☐ Yes	☐ No
Mobility Impairment	☐ Yes	☐ No	Other Major Physical Health Condition	☐ Yes	☐ No

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Mental Health Related Conditions
Mental Retardation/Developmental Disability ☐ Yes ☐ No Co-existing Psychiatric Disorder ☐ Yes ☐ No

History of Mental Health Treatment

Ever Treated for Mental Illness Problem	☐ Yes	☐ No
Ever Hospitalized for Mental Illness	☐ Yes	☐ No
Ever Hospitalized 30 or More Days for Mental Illness	☐ Yes	☐ No

Six Months Prior to Admission
No. Days in Inpatient Detox ___ ___ No. of Emergency Room Episodes ___ ___
No. of Days Hospitalized for Non-Detox Services ___ ___
Reason for Hospitalization ☐ Medical ☐ Psychiatric ☐ Both

Gambling

Did the client screen positive for a gambling problem? ☐ Yes ☐ No ☐ Not Screened

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Orientation to Change *(For use only by Residential Rehabilitation Services for Youth Programs or Other Program Types Participating in Special Projects With OASAS)*

Which statement best characterizes this patient's orientation to change with respect to alcohol/drug use at the time of admission?

☐ Ambivalent
☐ Change Oriented
☐ Planning Change
☐ Active Early Recovery
☐ Ongoing Recovery and Relapse Prevention

For Provider Use (Optional)

______________________	______________________	__________
Signature	**Title**	**Date**