NYS Office of Alcoholism and Substance Abuse Services

Client Crisis Admission/Discharge Report

FOR CRISIS ADMISSIONS/DISCHARGES 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** __ __/__ __/__ __ __ __

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

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

Principal Referral Source

Criminal Justice Services
☐ 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

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

Chemical Dependence Treatment
☐ CD Program in New York State
☐ CD Program Out of State
☐ CD VA Program
☐ CD Private Practitioner

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

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

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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 Degre

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
- ☐ Social Services Work Exp Program
- ☐ Social Services Determined,Not Employed/Able to Work
- ☐ Social Services Determined Unable to Work, Mandated Treatment

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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

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)

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

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Primary Substance

- ☐ None
- ☐ Alcohol
- ☐ Cocaine
- ☐ Crack
- ☐ Marijuana/Hashish
- ☐ Heroin
- ☐ Buprenorphine
- ☐ Non-Rx Methadone
- ☐ OxyContin
- ☐ Other Opiate/Synthetic
- ☐ Alprazolam (Xanax)
- ☐ Barbiturate
- ☐ Benzodiazepine (e.g. Klonopin)
- ☐ Catapres (Clonidine)
- ☐ Other Sedative /Hypnotic
- ☐ Elavil
- ☐ GHB
- ☐ Khat
- ☐ Other Tranquillizer
- ☐ Methamphetamine
- ☐ Other Amphetamine
- ☐ Other Stimulant
- ☐ PCP
- ☐ Ecstasy
- ☐ Other Hallucinogen
- ☐ Ephedrine
- ☐ Inhalant
- ☐ Ketamine
- ☐ ROHYPNOL
- ☐ Viagra
- ☐ Over-the-Counter
- ☐ 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 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 (e.g. Klonopin)
- ☐ Catapres (Clonidine)
- ☐ Other Sedative /Hypnotic
- ☐ Elavil
- ☐ GHB
- ☐ Khat
- ☐ Other Tranquillizer
- ☐ Methamphetamine
- ☐ Other Amphetamine
- ☐ Other Stimulant
- ☐ PCP
- ☐ Ecstasy
- ☐ Other Hallucinogen
- ☐ Ephedrine
- ☐ Inhalant
- ☐ Ketamine
- ☐ ROHYPNOL
- ☐ Viagra
- ☐ Over-the-Counter
- ☐ 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 per week ☐ 3-6 times per week ☐ Daily

Secondary Age of First Use ___ ___

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Tertiary Substance

- ☐ None
- ☐ Alcohol
- ☐ Cocaine
- ☐ Crack
- ☐ Marijuana/Hashish
- ☐ Heroin
- ☐ Buprenorphine
- ☐ Non-Rx Methadone
- ☐ OxyContin
- ☐ Other Opiate/Synthetic
- ☐ Alprazolam (Xanax)
- ☐ Barbiturate
- ☐ Benzodiazepine (e.g. Klonopin)
- ☐ Catapres (Clonidine)
- ☐ Other Sedative /Hypnotic
- ☐ Elavil
- ☐ GHB
- ☐ Khat
- ☐ Other Tranquillizer
- ☐ Methamphetamine
- ☐ Other Amphetamine
- ☐ Other Stimulant
- ☐ PCP
- ☐ Ecstasy
- ☐ Other Hallucinogen
- ☐ Ephedrine
- ☐ Inhalant
- ☐ Ketamine
- ☐ ROHYPNOL
- ☐ Viagra
- ☐ Over-the-Counter
- ☐ 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 per week ☐ 3-6 times per week ☐ Daily
Tertiary Age of First Use ___ __

Tobacco

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

Age of First Use ___ ___

Frequency of Use (30 days prior to admission):
☐ 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

Discharge Data

Date Last Treated __ __ / __ __ / __ __ __ __

Primary Payment Source

- ☐ None
- ☐ Self-Pay
- ☐ Medicaid
- ☐ Medicaid Managed Care
- ☐ Medicaid Pending
- ☐ 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
- ☐ Completed Observation Only (for use by Medically-Managed Detox)

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
- ☐ Discharged due to non-compliance with program rules
- ☐ Discharged 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
- ☐ Detox/Withdrawal Not Required (for use by Med. Man. Detox)
- ☐ Detox/Withdrawal Services Refused (for use by Med. Man. Detox)
- ☐ Detox/Withdrawal Referred Elsewhere (for use by Med. Man. Detox)

Referral Disposition (CHECK ONE)

- ☐ No referral made
- ☐ Client not in need of additional services
- ☐ Referred back to CD* program
- ☐ Referred to other CD* program
- ☐ Referred to Mental Health Program
- ☐ Referred to non-CD* or non-MH treatment
- ☐ Referred to Gambling Program
- ☐ Refused referral

**CD=chemical dependence*

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

Referral Category (CHECK ONE)

Chemical Dependency (CD) Programs
☐ CD Program in New York State
☐ CD Program Out of State
☐ CD VA Program
☐ CD Private Practitioner

Health Institutions
☐ Hospital
☐ Hospital (Long Term)/ Nursing Home
☐ 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
****
☐ Other Referral
****
☐ No Referral Made
☐ Refused Referral

**CD = chemical dependence*

Medically Managed Detoxification Bed Utilization – Include the service level on the day of admission even if the client is discharged on the same day. Otherwise, do not report the service level of the day of discharge.

Number of days the client spent in an observation bed (max of 2). ___

Number of days the client spent in a medically managed detox bed. ___ ___

Number of days the client spent in a medically supervised withdrawal bed. ___ ___

Addiction Medications Used During Treatment
CHECK ALL THAT APPLY. *Select* ***"NONE"*** *if no addiction medication was used.*

☐ Methadone
☐ Buprenorphine
☐ Zyban/Wellbutrin
☐ Naltrexone/Revia/Vivitrol
☐ Antabuse
☐ Nicotine Lozenges
☐ Nicotine Gum
☐ Nicotine Patch
☐ Chantix
☐ Campral
☐ Other Addiction Medications
☐ None

For Provider Use (Optional)

_____ _____ _____
Signature **Title** **Date**