NYS Office of Addiction Services and Supports

Client Admission Report
FOR ADMISSIONS DATED 12/01/2018 AND BEYOND

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

Client ID __ __ __ __ __ __ __ __ __ __ **Special Project (See instructions):** _____

Sex (at birth) ☐ Male ☐ Female ☐ X **Birth Date** __ __ /__ __/__ __ __ __ **Last 4 SSN** __ __ __ __

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

Part 820 Program Information

Element of Care ☐ Stabilization ☐ Rehabilitation ☐ Reintegration

Reintegration Setting ☐ Congregate ☐ Scatter-Site

LOCADTR Information

Assessment ID __ __ __ __ __ __ __ **Created Date** __ __/ __ __/ __ __ __ __

TRS-61 - Identifying Information (ID)

ID Consent Date __ __/__ __/__ __ __ __ **ID Consent Revoke Date** __ __/__ __/__ __ __ __ (Revoke Date not required)

Last Name __ (Birth Name) **Last Name** __ (Current Name)

First Name __ __ __ __ __ __ __ __ __ __ __ **Social Security Number** __ __ __- __ __ - __ __ __ __

Medicaid Client ID __ __ __ __ __ __ __ _

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

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Sexual Orientation
- ☐ Bisexual
- ☐ Lesbian or Gay
- ☐ Pansexual
- ☐ Straight
- ☐ I use a different term
- ☐ Questioning/Unsure
- ☐ Prefer not to answer

Gender Identity
- ☐ Intersex
- ☐ Man
- ☐ Non-Binary
- ☐ Two-Spirit
- ☐ Woman
- ☐ I use a different term
- ☐ Questioning/Unsure
- ☐ Prefer not to answer

Transgender
- ☐ Yes
- ☐ No
- ☐ Questioning/Unsure
- ☐ Prefer not to answer

Race
- ☐ Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hawaiian or other Pacific Islander
- ☐ Middle Eastern or North African
- ☐ Native American, Indigenous, or American Indian
- ☐ White
- ☐ Some other race, ethnicity, origin

Asian Origin
- ☐ Asian Indian (East Indian)
- ☐ Bangladeshi
- ☐ Burmese
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Nepalese
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Tibetan
- ☐ Vietnamese
- ☐ Asian, Not Specified
- ☐ Not of Asian Origin

Hispanic Origin
- ☐ Cuban
- ☐ Mexican
- ☐ Puerto Rican
- ☐ Hispanic/Latino/a/x, Not Specified
- ☐ Not of Hispanic Origin

Pacific Islander Origin
- ☐ Fijian
- ☐ Guamanian
- ☐ Hawaiian
- ☐ Samoan
- ☐ Tongan
- ☐ Pacific Islander, Not Specified
- ☐ Not of Pacific Islander Origin

Primary Language

☐ Arabic	☐ French	☐ Italian	☐ Portuguese	☐ Sign Language
☐ Bengali	☐ Greek	☐ Japanese	☐ Russian	☐ Other
☐ Chinese	☐ Haitian Creole	☐ Korean	☐ Spanish	

☐ English ☐ Hindi ☐ Polish ☐ Yiddish

Veteran Status
Veteran ☐ Yes ☐ No
U.S. Military Status (if applicable, select one; if not, skip)
☐ Active Duty
☐ Reserves/National Guard
☐ Both Active Duty and Reserves/National Guard

Zip Code of Residence ___ ___ ___ ___ ___ (For Canada use 88888) **County of Residence** _____

Type of Residence

☐ Private Residence
☐ Homeless/Unstably Housed, Shelter
☐ Homeless/Unstably Housed, No Shelter
☐ Single Residency
☐ Residential Services for SUD/Congregate Care
☐ Residential Services for SUD/Scatter-Site
☐ MH/DD Community Residence
☐ Other Group Residential Setting
☐ County Operated or Other Local Jail
☐ DOCCS Operated Prison
☐ Institution, Other (hospital, etc.)
☐ Other

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

Principal Referral Source

Criminal Legal System Involvement
☐ District Attorney
☐ Drug Court
☐ Probation
☐ Parole General
☐ Parole Release Resentence
☐ Impaired Driver Referral
☐ Police
☐ Family Court
☐ Other Court
☐ Alternatives to Incarceration
☐ City/County Jail
☐ NYS Department of Corrections and Community Supervision
☐ Office of Children and Family Services

Self, Family, Other
☐ Self-Referral
☐ Family, Friends, Other Individuals
☐ Self-Help Group
☐ HOPEline

Substance Use Disorder Treatment (SUD)
☐ SUD Program in New York State
☐ SUD Program Out of State
☐ SUD VA Program
☐ SUD 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
☐ Primary Care Health Professional
☐ Comprehensive Psychiatric Emergency Program (CPEP)
☐ Hospital Emergency Department
☐ TBI Waiver

Employer/Educational/Special Services
☐ Employer/Union (Non-EAP)
☐ School (Other than Prevention Program)
☐ Special Services (e.g., 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

Recovery Support Services
☐ Recovery Community and Outreach Center
☐ Youth Clubhouse
☐ Peer Advocate
☐ Open Access Center
☐ Family Support Navigator
☐ Regional Addiction Resource Center
*****
☐ 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
- ☐ Bachelor's Degree
- ☐ Graduate Degree

Does client have an Individual Education Plan (IEP)? ☐ Yes ☐ No ☐Unknown

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 Someone Who Misuses Alcohol/Other Substances ☐ No ☐ Both ☐ Someone Who Misuses Alcohol ☐ Child of Someone Who Misuses Other Substances

Number of Children ___ **Number of Children Living with Client** ___ **Number of Children Living in Foster Care** ___

Case with Child Protective Services ☐ Yes ☐ No

Criminal Legal System Involvement

Criminal Legal System Involvement 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)

Criminal Arrests/Incarceration

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

No. of Criminal Arrests in Prior 30 Days ___ ___

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

Primary ICD-10 Diagnosis Code (Select one and enter up to 3 additional characters, skip if significant other)

- ☐ F10. ___ ___ ___ Alcohol related disorders
- ☐ F11. ___ ___ ___ Opioid related disorders
- ☐ F12. ___ ___ ___ Cannabis related disorders
- ☐ F13. ___ ___ ___ Sedative, hypnotic, or anxiolytic related disorders
- ☐ F14. ___ ___ ___ Cocaine related disorders
- ☐ F15. ___ ___ ___ Other stimulant related disorders
- ☐ F16. ___ ___ ___ Hallucinogen related disorders
- ☐ F18. ___ ___ ___ Inhalant related disorders
- ☐ F19. ___ ___ ___ Other psychoactive substance related disorders

Primary Substance

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

Primary Route ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ Vaping ☐ 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	☐ OxyContin	☐ Khat	☐ Ephedrine
☐ Alcohol	☐ Other Opiate/Synthetic	☐ Other Tranquillizer	☐ Inhalant
☐ Cocaine	☐ Alprazolam (Xanax)	☐ Methamphetamine	☐ Ketamine
☐ Crack	☐ Barbiturate	☐ Other Amphetamine	☐ Rohypnol
☐ Marijuana/Hashish	☐ Benzodiazepine	☐ Synthetic Stimulant	☐ Over the Counter
☐ Synthetic Cannabinoid	☐ Catapres (Clonidine)	☐ Other Stimulant	☐ Other
☐ Heroin	☐ Other Sedative /Hypnotic	☐ PCP	
☐ Buprenorphine	☐ Elavil	☐ Ecstasy	
☐ Non-Rx Methadone	☐ GHB	☐ Other Hallucinogen	

Secondary Route ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ Vaping ☐ 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	☐ OxyContin	☐ Khat	☐ Ephedrine
☐ Alcohol	☐ Other Opiate/Synthetic	☐ Other Tranquillizer	☐ Inhalant
☐ Cocaine	☐ Alprazolam (Xanax)	☐ Methamphetamine	☐ Ketamine
☐ Crack	☐ Barbiturate	☐ Other Amphetamine	☐ Rohypnol
☐ Marijuana/Hashish	☐ Benzodiazepine	☐ Synthetic Stimulant	☐ Over the Counter
☐ Synthetic Cannabinoid	☐ Catapres (Clonidine)	☐ Other Stimulant	☐ Other
☐ Heroin	☐ Other Sedative /Hypnotic	☐ PCP	
☐ Buprenorphine	☐ Elavil	☐ Ecstasy	
☐ Non-Rx Methadone	☐ GHB	☐ Other Hallucinogen	

Tertiary Route ☐ Inhalation ☐ Injection ☐ Oral ☐ Smoking ☐ Vaping ☐ 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 ___ ___

Treatment Plan

Is Medication for Opioid Use Disorder part of the client's treatment plan? ☐ Yes ☐ No

Self-Help

Is the client currently attending substance use self-help group meetings (last 30 days)? ☐ Yes ☐ No

Nicotine

Has the client ever used 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 ☐ Vaping ☐ Chewing

Prior Treatment Episodes

Number of prior Substance Use Disorder 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		
Asthma	☐ Yes ☐ No	☐ Unknown	
Hypertension	☐ Yes ☐ No	☐ Unknown	
Diabetes	☐ Yes ☐ No	☐ Unknown	
Hearing Impairment	☐ Yes ☐ No		
Mobility Impairment	☐ Yes ☐ No		
Sight Impairment	☐ Yes ☐ No		
Speech Impairment	☐ Yes ☐ No		
Acquired or Traumatic Brain Injury	☐ Yes ☐ No		
Other Major Physical Health Condition	☐ Yes ☐ No		
HIV Status	☐ Known to be Positive	☐ Known to be Negative	☐ Unknown
Hepatitis B Status	☐ Known to be Positive	☐ Known to be Negative	☐ Unknown
Hepatitis C Status	☐ Known to be Positive	☐ Known to be Negative	☐ Unknown
Result of TB Test	☐ Known to be Positive	☐ Known to be Negative	☐ Unknown

Mental Health-Related Conditions

Intellectual Disability/Developmental Disability ☐ Yes ☐ No Co-existing Psychiatric Disorder ☐ Yes ☐ No

History of Mental Health Treatment

Ever Treated for Mental Illness	☐ 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

Trauma

Client ever experience/witness trauma that impacts current life experience? ☐ Yes ☐ No ☐ Unknown ☐ Refused to Answer
Client ever a victim of Domestic Violence/Intimate Partner Violence? ☐ Yes ☐ No ☐ Unknown ☐ Refused to Answer

Client ever a perpetrator of Domestic Violence/Intimate Partner Violence? ☐ Yes ☐ No ☐ Unknown ☐ Refused to Answer

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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 Recurrence Prevention

For Provider Use (Optional)

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