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	

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☐ 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

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☐ 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
☐ 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)

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☐ 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

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Primary Substance

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

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

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

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

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Self-Help

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

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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

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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

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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

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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**