

NYS Office of Alcoholism and Substance Abuse Services
Client Crisis Admission/Discharge Reporting Form
FOR CRISIS ADMISSIONS/DISCHARGES DATED 6/1/2005 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** ____
Admission Date ___/___/_____

Race Alaska Native Native Hawaiian/Other Pacific Islander **Hispanic Origin** Cuban Hispanic, Not Specified
 American Indian White Mexican Puerto Rican
 Asian Other Other Hispanic Not of Hispanic Origin
 Black or African American

Veteran Status Yes No **Zip Code of Residence** _____

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

Principal Referral Source
 Self-Referral Other Court/Probation
 Family, Friends, Other Individuals Alternatives to Incarceration
 AA/NA and Other Self-Help City/County Jail
 CD Medically Managed Detoxification NYS Department of Correctional Services
 CD Medically Supervised Withdrawal Inpatient NYS Division of Parole
 CD Medically Supervised Withdrawal Outpatient Drug Courts
 CD Medically Monitored Withdrawal Office of Children and Family Services

Chemical Dependence Treatment
 CD Inpatient Rehabilitation **Health Care Services**
 CD Intensive Residential Developmental Disabilities Program
 CD Residential Chemical Dependency for Youth Mental Health Provider
 CD Outpatient Chemical Dependency for Youth Managed Care Provider
 CD Community Residence Health Care Provider
 CD Outpatient Clinic AIDS Related Services

Employer/Educational/Special Services
 CD Outpatient Rehab Program Employer/Union (Non-EAP)
 CD Methadone Treatment School (Other than Prevention Program)
 CD Non-medically Supervised Outpatient Special Services (Homeless/Shelters)

Prevention/Intervention Services
 Community Education and Intervention **Social Services**
 Youth Education and Intervention (non SAP) Local Social Services-Child Protect Services/CWA
 Student Assistance Program/School Based Local Social Services Dist-Income Maintenance
 Hospital and Health Care Intervention Services Local Social Services Dist Treatment Mandate/Public Assistance
 Employee Assistance Program Local Social Services Dist Treatment Mandate/Medicaid Only
 Other Prevention/Intervention Program Other Social Services Provider

Criminal Justice Services
 Drinking Driver Referral *****
 Police Other
 Family Court/Probation

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

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Employment Status

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

Primary Source of Income at Admission

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

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 – [ATI]) | <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"/> Khat | <input type="checkbox"/> Ephedrine |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other Opiate/Synthetic | <input type="checkbox"/> Other Tranquillizer | <input type="checkbox"/> Inhalant |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Alprazolam (Xanax) | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Ketamine |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Barbiturate | <input type="checkbox"/> Other Amphetamine | <input type="checkbox"/> ROHYPNOL |
| <input type="checkbox"/> Marijuana/Hashish | <input type="checkbox"/> Benzodiazepine (Klonopin) | <input type="checkbox"/> Other Stimulant | <input type="checkbox"/> Viagra |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Other Sedative /Hypnotic | <input type="checkbox"/> PCP | <input type="checkbox"/> Over-the-Counter |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Elavil | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Non-Rx Methadone | <input type="checkbox"/> GHB | <input type="checkbox"/> Other Hallucinogen | |

Primary Route Inhalation Injection Oral Smoking Other

Primary Frequency No use in 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

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

Secondary Route Inhalation Injection Oral Smoking Other

Secondary Frequency No use in 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

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

Tertiary Route Inhalation Injection Oral Smoking Other

Tertiary Frequency No use in 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 ___

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Discharge Data

Date Last Treated ___/___/_____

Primary Payment Source

- | | | |
|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Medicare | <input type="checkbox"/> Private Insurance – Managed Care |
| <input type="checkbox"/> Self-Pay | <input type="checkbox"/> DSS Congregate Care | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Department of Veterans Affairs | |
| <input type="checkbox"/> Medicaid Managed Care | <input type="checkbox"/> Private Insurance – Fee for Service | |

Discharge Reason & Referral Category

Discharge Status

- Completed Treatment: All treatment goals met
- Completed Treatment: Half of treatment goals met
- Treatment Not Completed: Max benefit/clinical
- Treatment Not Completed: Some goals met
- Treatment Not Completed: No goals met

Discharge Disposition

- 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
- Client arrested/incarcerated
- Client could no longer participate for med/psych reasons
- Client death
- Client relocated
- Program closed

Referral Disposition
(Check all that apply)

- No referral made
- No services needed
- Referred back to AOD* program
- Referred to less intense AOD*
- Referred to more intense AOD*
- Referred to same AOD* at diff location
- Referred to non-AOD* treatment
- Referred to self-help group
- Refused referral

*AOD=alcohol and other drug treatment
(chemical dependence treatment)

Referral Category

Chemical Dependency Programs

- CD Methadone Program (Part 828)
- CD Outpatient Services (Part 822)
- CD Outpatient Rehab Services (Part 822 .9)
- CD Outpatient Non-Medically Supv (Part 821)
- CD Outpatient CD for Youth (Part 823)
- CD Residential Methadone (Part 828)
- CD Inpatient Rehabilitation (Part 818)
- OASAS Addiction Treatment Center
- Other Inpatient Rehabilitation
- CD Intensive Residential (Part 819)
- CD Community Residential (Part 819)
- CD Supportive Living (Part 819)
- CD Medically Managed Detox (Part 816.6)
- CD Medically Supervised Withdrawal Inpatient (Part 816.7)
- CD Medically Supervised Withdrawal Outpatient (Part 816.7)
- CD Medically Monitored Withdrawal (Part 816.8)
- Residential CD for Youth (Part 820)

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

Self-Help

- AA, NA, Women for Sobriety, SOS, etc.
- Al-Anon, Alateen, Nar-Anon, etc.
- No Referral Made
- Other Referral
- Refused Referral

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

- | | |
|---|--|
| <input type="checkbox"/> Methadone | <input type="checkbox"/> Nicotine Patch |
| <input type="checkbox"/> Buprenorphine | <input type="checkbox"/> Nicotine Gum |
| <input type="checkbox"/> Zyban/Wellbutrin | <input type="checkbox"/> Nicotine Lozenges |
| <input type="checkbox"/> Naltrexone/Revia | <input type="checkbox"/> Campral |
| <input type="checkbox"/> Antabuse | <input type="checkbox"/> Other Medications |