NYS Office of Alcoholism and Substance Abuse Services

Client Admission

FOR ADMISSIONS 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 __ __ / __ __ / __ __ __ __

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

Race
- ❑ Alaska Native
- ❑ American Indian
- ❑ Asian
- ❑ Black or African American
- ❑ Native 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 ❑ Yes ❑ No **Zip Code of Residence** ___ ___ ___ ___ ___

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

Living Arrangements (clients under age of 19) ❑ Living Alone ❑ Living w/ Non-Related Persons ❑ Living with Spouse/Relatives

Principal Referral Source
- ❑ Self-Referral
- ❑ Family, Friends, Other Individual
- ❑ AA/NA and Other Self-Help

Chemical Dependence Treatment
- ❑ CD Medically Managed Detoxification
- ❑ CD Medically Supervised Withdrawal Outpatient
- ❑ CD Medically Monitored Withdrawal
- ❑ CD Inpatient Rehabilitation
- ❑ CD Intensive Residential
- ❑ CD Residential Chemical Dependency for Youth
- ❑ CD Outpatient Chemical Dependency for Youth
- ❑ CD Community Residence
- ❑ CD Outpatient Clinic
- ❑ CD Outpatient Rehab Program
- ❑ CD Methadone Treatment
- ❑ CD Non-medically Supervised Outpatient

Prevention/Intervention Services
- ❑ Community Education and Intervention
- ❑ Youth Education and Intervention (non SAP)
- ❑ Student Assistance Program/School Based
- ❑ Hospital and Health Care Intervention Services
- ❑ Employee Assistance Program
- ❑ Other Prevention/Intervention Program

Criminal Justice Services
- ❑ Drinking Driver Referral
- ❑ Police
- ❑ Family Court/Probation
- ❑ Other Court/Probation
- ❑ Alternatives to Incarceration
- ❑ City/County Jail
- ❑ NYS Department of Correctional Services
- ❑ NYS Division of Parole
- ❑ Drug Courts
- ❑ Office of Children and Family Services

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

NYS Office of Alcoholism and Substance Abuse Services
Client Admission
FOR ADMISSIONS DATED 6/1/2005 AND BEYOND

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 employed/Able to 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
- ❑ 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
- ❑ None
- ❑ Pre-Court Sentence (non-alt to incarc - ATI)
- ❑ Pre-Court Sentence (alt to incarc – ATI)
- ❑ Probation – non-alt to incarc
- ❑ Probation – ATI
- ❑ Other Alternative to Incarceration
- ❑ Correctional-based Setting
- ❑ Post Correctional Supervision

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)
- ❑ 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 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 __ __

NYS Office of Alcoholism and Substance Abuse Services
Client Admission
FOR ADMISSIONS DATED 6/1/2005 AND BEYOND

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 (Klonopin)	❑ Other Stimulant	❑ Viagra
❑ Heroin	❑ Other Sedative /Hypnotic	❑ PCP	❑ Over-the-Counter
❑ Buprenorphine	❑ Elavil	❑ Ectasy	❑ Other
❑ Non-Rx Methadone	❑ GHB	❑ 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

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

Nicotine

Smoked tobacco in last week: ❑ Yes ❑ No Used smokeless tobacco in last week: ❑ Yes ❑ No

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

Mental Health Related Conditions

Mental Retardation/Developmental Disability ❑ Yes ❑ No Mental Illness ❑ 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