



San Francisco Department of Public Health
Community Behavioral Health Services

Cal-OMS Admission/Update

Name _____
(Current First) (Current Last)

Client Number: _____

Reporting Unit: _____

IDENTIFICATION AND DEMOGRAPHICS

Birth First Name: _____

(If different than current name)

Birth Last Name: _____

(If different than current name)

SSN: _____

99900= Client declined to state,

99902=None or not applicable,

99904=Client unable to answer*

Current Zip Code: _____

00000=Homeless,

XXXXX=Client declined to state,

ZZZZZ= Client unable to answer

Place of Birth – County: _____

(Enter CA County ONLY, or “Other” if born outside of CA)

Place of Birth – State: _____

(Enter U.S.A. State ONLY, or “Other” if born outside of U.S.A.)

Driver’s License/State ID #: _____

99900= Client declined to state,

99902=None or not applicable,

99904=Client unable to answer*

State of Driver’s Lic/State ID: _____

_____ Client declined to state

_____ None or not applicable

_____ Client unable to answer

Mother’s First Name: _____

(or individual the client considers being as their mother)

Race: Enter 1-5 to select up to five races in order of client preference, i.e. 1 = primary race, 2 = second race, etc. In order to provide the most accurate information, CBHS encourages selecting actual races rather using the “Mixed Race” category.

<input type="checkbox"/>	Hawaiian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Laotian
<input type="checkbox"/>	Samoan	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Other Race
<input type="checkbox"/>	Mixed Race	<input type="checkbox"/>		<input type="checkbox"/>	White	<input type="checkbox"/>	Black/African
<input type="checkbox"/>	American Indian	<input type="checkbox"/>	Alaskan Native	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Cambodian
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Guamanian	<input type="checkbox"/>	

Ethnicity (select one):

_____ Not Hispanic

_____ Mexican/Mexican America

_____ Cuban

_____ Puerto Rican

_____ Other Hispanic/Latino

Veteran: (Y/N) _____ or

_____ Client declined to state

_____ Client unable to answer

Disability/disabilities (select all that apply):

_____ None

_____ Visual

_____ Hearing

_____ Speech

_____ Mobility

_____ Mental

_____ Developmentally Disabled

_____ Other (not AOD)

_____ Client declined to state

_____ Client unable to answer

Consent: Is there a signed consent form for future contact on the file within your agency? (Y/N) _____

Flag for Cal-OMS Submission (Y/N) _____

TRANSACTION TYPE

Admission Transaction Type:

☐ Initial Admission

☐ Transfer or change in service (including Updates)

Note that 99904, Client unable to answer is ONLY used in Detox facilities.

CalOMS/ADP/Admission Update Form

Revision 6/1/2010



San Francisco Department of Public Health
Community Behavioral Health Services

Cal-OMS Admission/Update

Name _____
(Current First) (Current Last)

Client Number: _____

Reporting Unit: _____

ADMISSION DATA

Source of Referral: (select one)

- ____ Individual, including self-referral
____ Alcohol/Drug Abuse Program
____ Other health care provider
____ School/Educational
____ Employer/EAP
____ 12 Step Mutual Aid
____ SACPA/Prop 36/OTP/Probation
____ SACPA/Prop 36/OTP/Parole
____ DUI/DWI
____ State Drug Court (DCP)
____ Comprehensive Drug Court Implementation (CDCI)
____ Non-SACPA Court/Criminal Justice
____ Other Community Referral
____ Dependency Court/Child Protective Services

Treatment Waiting Days: _____

How many days were you on a waiting list before you were admitted to this treatment program?

Enter 0-999, 99901=Not sure/don't know, 99904=Client unable to answer*

Prior Episodes: _____

Number of prior episodes in any alcohol or drug treatment/recovery program in which client has participated.

Enter a value 0-99 or, 99900=Client declined to state, 99901=Not sure/don't know, 99904=Client unable to answer*

CalWORKs recipient? (Y/N) _____ or _____ Not sure/Don't know

Is the client receiving substance abuse treatment under the CalWORKs welfare-to-work plan?

(Y/N) _____ or _____ Not sure/Don't know

Special Services Contract County: _____

If the client's treatment services are being delivered on behalf of another county, list the name of the county. If not, indicate N/A.

Special Services Contract ID _____

(Enter 4-digit code, or 99902 if not applicable)

ALCOHOL AND DRUG USE

Drug Problem: Enter 1 or 2 to select for Primary (1) and Secondary (2) drug of choice.

Alcohol	Marijuana/Hashish	Other Hallucinogens	Over-the-Counter
Barbiturates	Methamphetamine	Other Opiates or Synthetic	OxyCodone/OxyContin
Cocaine/Crack	None	Other Sedatives or Hypnotics	PCP
Ecstasy	Non-Prescription Methadone	Other Stimulants	Tranquilizers (e.g. Benzodiazepine)
Heroin	Other Amphetamines	Other Tranquilizers	
Inhalants	Other Club Drugs	Other (specify→)	

Primary Drug	Secondary Drug
How many days in the past 30 days has the client used the primary drug? _____ (0-30, or 99902=not applicable)	How many days in the past 30 days has the client used the secondary drug? _____ (0-30, or 99902=not applicable)
Route of Administration ____ Oral ____ Smoking ____ Inhalation ____ Injection (IV or intramuscular) ____ None or not applicable ____ Other	Route of Administration ____ Oral ____ Smoking ____ Inhalation ____ Injection (IV or intramuscular) ____ None or not applicable ____ Other
Age of First Use _____ (5-105, or 99904=Client unable to answer*)	Age of First Use _____ (5-105, or 99904=Client unable to answer*)

Indicate Alcohol Frequency ONLY if the Primary & Secondary drugs are NOT alcohol. Number of days in the past 30 days that the client has used alcohol?: _____ (Enter a value 0-30, or 99902=Not applicable)

IV Use: _____ (Enter a value 0-30, 99900= Client declined to state, 99904= Client unable to answer*)

How many days has the client used needles to inject drugs in the past 30 days?

Needle Use in the Last 12 Months: Has the client used needles to inject drugs in the past 12 months?
(Y/N) _____ or _____ Client unable to answer

Note that 99904, Client unable to answer is ONLY used in Detox facilities.

CalOMS/ADP/Admission Update Form

Revision 6/1/2010



**San Francisco Department of Public Health
Community Behavioral Health Services**

Cal-OMS Admission/Update

Name _____
(Current First) (Current Last)

Client Number: _____

Reporting Unit: _____

EMPLOYMENT DATA

Enrolled in School? (Y/N) _____ **or** _____

Client declined to state

Client unable to answer

Highest School Grade Completed

Enter value 0-29 **or**

30 + years

Client declined to state

Client unable to answer

Current Employment Status

Employed Full Time (35 hrs or more)

Employed Part Time (less than 35 hrs)

Unemployed, looking for work

Unemployed – (Not seeking)

Not in the labor force (Not seeking)

Enrolled in a Job Training (Y/N) _____ **or** _____

Client declined to state

Client unable to answer

How many days was the client paid for working in the past 30 days?

(Enter a value 0-30, 99900=Client declined to state, 99904=Client unable to answer*)

CRIMINAL JUSTICE DATA

Criminal Justice Status

Not applicable

Under parole supervision by CDC

On parole from any other jurisdiction

On probation from any other jurisdiction

Admitted under diversion from any court under CA Penal Code, Section 1000

Incarcerated

Awaiting trial, charges, or sentencing

Client unable to answer

CDC Identification Number _____

(99900= Client declined to state, 99901= Not sure/don't know, 99902=None or not applicable, 99904=Client unable to answer*)

Arrests in the Past 30 Days _____ (Enter 0-30, 99904=Client unable to answer*)

Jail Days in the Past 30 Days _____ (Enter 0-30, 99904=Client unable to answer*)

Prison Days in the Past 30 Days _____ (Enter 0-30, 99904=Client unable to answer*)

Parolee Service Network: (Y/N) _____ **or** _____ Client unable to answer

Is the client a parolee in the PSN?

FOTP Priority Status

Not collected for SF County

FOTP Parolee: (Y/N) _____ **or** _____ Client unable to answer

Is the client a parolee in the Female Offender Treatment Program?

MEDICAL/PHYSICAL HEALTH DATA

Medi-Cal beneficiary? (Y/N) _____ **or** _____ Client unable to answer

Emergency Room: _____ (0-99, 99904=Client unable to answer*)

Number of visits to emergency room in the past 30 days for physical health problems.

Hospital Overnight: _____ (0-30, 99904=Client unable to answer*)

Number of days in the past 30 days stayed overnight in a hospital for physical health problems.

Medical Problems: _____ (0-30, 99904=Client unable to answer*)

Number of days in the past 30 days has the client experienced physical health problems

If completing **CalOMS Admission:**

Pregnant at Time of Admission? (Y/N) _____ **or** _____ Not sure/Don't know

If completing **CalOMS Update:**

Pregnant during treatment? (Y/N) _____ **or** _____ Not sure/Don't know

Medication Prescribed as a Part of Treatment

None

Buprenorphine (Subutex)

Methadone

Buprenorphine (Suboxone)

LAAM

Other

Diagnosed with Tuberculosis (Y/N) _____ **or** _____

Client declined to state

Client unable to answer

Diagnosed with Hepatitis C (Y/N) _____ **or** _____

Client declined to state

Client unable to answer

Diagnosed with any Sexually Transmitted Diseases

(Y/N) _____ **or** _____

Client declined to state

Client unable to answer



**San Francisco Department of Public Health
Community Behavioral Health Services**

Cal-OMS Admission/Update

Name _____
(Current First) (Current Last)

Client Number: _____

Reporting Unit: _____

MEDICAL/PHYSICAL HEALTH DATA (continued)

Has the client been tested for HIV/AIDS?

(Y/N) _____ or _____
_____ Client declined to state
_____ Client unable to answer

Does the client have the results of the HIV/AIDS test?

(Y/N) _____ or _____
_____ Client declined to state
_____ Client unable to answer

MENTAL HEALTH

Mental Health: (Y/N) _____ or _____ Not sure/Don't know
Has the client ever been diagnosed with a mental illness?

Emergency Room Use/MH: _____

Number of times in the past 30 days has the client received
outpatient emergency services for mental health needs?
(0-99, 99904=Client unable to answer*)

Psychiatric Facility Use: _____ (0-30, 99904=Client unable to answer*)
Number of days in the past 30 days has the client stayed for more than 24
hours in a hospital or psychiatric facility for mental health needs?

Mental Health Medication: (Y/N) _____ or _____ Client unable to answer
In the past 30 days, has the client taken prescribed medication for mental health
needs?

FAMILY/SOCIAL DATA

Social Support: _____ (Enter value 0-30)

Number of days in the last 30 days has the client
participated in any social support recovery activities,
including *12-Step meetings, religious/faith recovery
meetings, and interactions with family members or
friends supportive of recovery.*

Current Living Arrangement:

_____ Homeless
_____ Dependent Living
_____ Independent Living

Living with Someone: _____

Number of days in the past 30 days has the client lived with
someone who uses alcohol or drugs?
(0-30, 99900=Client declined to state, 99904=Client unable to
answer*)

Family Conflict: _____

Number of days in the past 30 days has the client had serious
conflicts with members of their family?
(0-30, 99900=Client declined to state, 99904=Client unable to
answer*)

Number of Children Age 17 or Younger: _____

birth or adopted, whether they live the client or not.
(0-30, 99904=Client unable to answer*)

Number of Children Age 5 or Younger: _____

(0-30, 99904=Client unable to answer*)

**Number of children age 17 and under living with
someone else because of a child protection court order:**

_____ (0-30, 99904=Client unable to answer*)

**Of children living with someone else because of a child
protection court order, for how many of those children
aged 17 or under have the client's parental right been
terminated:**

_____ (0-30, 99904=Client unable to answer*)