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.

<table>
<thead>
<tr>
<th>Hawaiian</th>
<th>Japanese</th>
<th>Korean</th>
<th>Laotian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samoan</td>
<td>Vietnamese</td>
<td>Other Asian</td>
<td>Other Race</td>
</tr>
<tr>
<td>Mixed Race</td>
<td></td>
<td>Black/African</td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>Alaskan Native</td>
<td>Asian Indian</td>
<td>Cambodian</td>
</tr>
<tr>
<td>Chinese</td>
<td>Filipino</td>
<td>Guamanian</td>
<td></td>
</tr>
</tbody>
</table>

Ethnicity (select one):
____ Not Hispanic
____ Mexican/Mexican America
____ Cuban
____ Puerto Rican
____ Other Hispanic/Latino

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

Veteran: (Y/N) ________ or
____ 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

Prior Episodes:
Number of prior episodes in any alcohol or drug treatment/recovery program in which client has participated.
Enter a value 0-999, 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

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*

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.

<table>
<thead>
<tr>
<th>Primary Drug</th>
<th>Secondary Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Marijuana/Hashish</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>Methamphetamine</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>None</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>Non-Prescription Methadone</td>
</tr>
<tr>
<td>Heroin</td>
<td>Other Amphetamines</td>
</tr>
<tr>
<td>Inhalants</td>
<td>Other Club Drugs</td>
</tr>
</tbody>
</table>

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

Secondary Drug
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
Injection (IV or intramuscular)
None or not applicable
Other
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

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**Community Behavioral Health Services**  
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### Employment Data

| Enrolled in School? (Y/N) | (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 | (Y/N) ___ or ___  
| 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) | (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 | (Y/N) ___ or ___  
|-------------------------|------------------
| 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  
| 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?  

### 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 (Suboxene)  
| 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

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CalOMS/ADP/Admission Update Form  
Revision 6/1/2010
MEDICAL/PHYSICAL HEALTH DATA (continued)

<table>
<thead>
<tr>
<th>Has the client been tested for HIV/AIDS?</th>
<th>Does the client have the results of the HIV/AIDS test?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Y/N) __ or __ Client declined to state</td>
<td>(Y/N) __ or __ Client declined to state</td>
</tr>
<tr>
<td>______ Client unable to answer</td>
<td>______ Client unable to answer</td>
</tr>
</tbody>
</table>

MENTAL HEALTH

<table>
<thead>
<tr>
<th>Mental Health: (Y/N) ____ or ____ Not sure/Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the client ever been diagnosed with a mental illness?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Room Use/MH: ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of times in the past 30 days has the client received outpatient emergency services for mental health needs?</td>
</tr>
<tr>
<td>(0-99, 99904=Client unable to answer*)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychiatric Facility Use: ____ (0-30, 99904=Client unable to answer*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health Medication: (Y/N) ____ or ____ Client unable to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 30 days, has the client taken prescribed medication for mental health needs?</td>
</tr>
</tbody>
</table>

FAMILY/SOCIAL DATA

<table>
<thead>
<tr>
<th>Social Support: (Enter value 0-30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Living Arrangement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Homeless</td>
</tr>
<tr>
<td>____ Dependent Living</td>
</tr>
<tr>
<td>____ Independent Living</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Living with Someone: ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of days in the past 30 days has the client lived with someone who uses alcohol or drugs?</td>
</tr>
<tr>
<td>(0-30, 99900=Client declined to state, 99904=Client unable to answer*)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Conflict: ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of days in the past 30 days has the client had serious conflicts with members of their family?</td>
</tr>
<tr>
<td>(0-30, 99900=Client declined to state, 99904=Client unable to answer*)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Children Age 17 or Younger: ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>birth or adopted, whether they live the client or not.</td>
</tr>
<tr>
<td>(0-30, 99904=Client unable to answer*)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Children Age 5 or Younger: ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>(0-30, 99904=Client unable to answer*)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of children age 17 and under living with someone else because of a child protection court order: ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>(0-30, 99904=Client unable to answer*)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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: ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>(0-30, 99904=Client unable to answer*)</td>
</tr>
</tbody>
</table>