## Client Episode Summary

Confidential Patient Information
See Welfare & Institution Code 5328

**Client Name:**
Last _________________________________  First _______________________________  MI: _______________

### Screen 1

#### Admit Date:
- Month __________
- Day _________
- Year _________

#### Staff #:
- Staff: __________
- Staff Name: ____________________________

#### Diagnosis:
- I: __________________
- II: __________________

#### Referred From:

#### Admission Status:

#### Initial Admission (Y/N):

#### CDC # (#/Z0/Z1/Z2):
- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Refer to #16 on the reverse side and the CalOMS Data Collection Guide for further information.

### Screen 2

#### No. of Prior Admits (0-99/Z0/Z1/Z4):
- _________

#### Medication Prescribed:
- _________

#### Needles Used Past Yr. (Y/N/Z4):
- _________

#### Substance Abuse Problem:
- Primary: _________
- Secondary: _________
- Tertiary: _________

#### Usual Route of Administration:
- _________

#### Frequency of Use:
- _________

#### Age of First Use (Yrs/Z4):
- _________

Enter Primary/Secondary Drug Name if Problem Code = (3, 4, 6, 7, 11, 13, 15, 16, 17, 20, Z3)

**Primary Drug Name** _________________________________  **Secondary Drug Name** _________________________________

### Screen 3

**In last 30 days, # of:**

#### Alcohol Frequency (#/Z2):
- _________

#### IV User (#):
- _________

#### Paid Days Worked (#):
- _________

#### Number of Arrests (#):
- _________

#### Days in Jail (#):
- _________

#### Days in Prison (#):
- _________

#### Days of 12 Step/Other (#):
- _________

#### Days Living with Substance User (#):
- _________

#### Conflict Days with Family (#):
- _________

#### Physical Health Problem:
- Emergency Room Visits (#):
- Hospital Overnights (#):
- Physical Problem (#):

#### Mental Health Problem:
- Outpatient Emergency Services (#):
- Hospital/Psychiatric Facility Visits (#):
- Prescribed Medication Taken (Y/N):
### Screen 4

#### Item 5 - Diagnosis

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>303.90</td>
<td>Alcohol Dependence</td>
<td>305.20</td>
<td>Cannabis Abuse</td>
</tr>
<tr>
<td>305.00</td>
<td>Alcohol Abuse</td>
<td>305.40</td>
<td>Cocaine Dependence</td>
</tr>
<tr>
<td>304.40</td>
<td>Amphetamine Dependence</td>
<td>305.60</td>
<td>Cocaine Abuse</td>
</tr>
<tr>
<td>305.70</td>
<td>Amphetamine Abuse</td>
<td>304.60</td>
<td>Inhalant Dependence</td>
</tr>
<tr>
<td>304.10</td>
<td>Barbiturate or similarly acting sedative dependence</td>
<td>305.90</td>
<td>Inhalant Abuse</td>
</tr>
<tr>
<td>304.50</td>
<td>Barbiturate or similarly active sedative abuse</td>
<td>305.50</td>
<td>Opium Dependence</td>
</tr>
<tr>
<td>304.30</td>
<td>Cannabis Dependence</td>
<td>304.90</td>
<td>Polysubstance Dependence/Psychoactive Substance Abuse NOS</td>
</tr>
<tr>
<td>305.30</td>
<td>Hallucinogen Abuse</td>
<td>305.50</td>
<td>Opioid Abuse</td>
</tr>
<tr>
<td>304.50</td>
<td>PCP/Hallucinogen Dependence</td>
<td>305.90</td>
<td>PCP Abuse/Psychoactive Substance Abuse NOS</td>
</tr>
<tr>
<td>305.90</td>
<td>Hallucinogen Abuse</td>
<td>304.90</td>
<td>Polysubstance Dependence/Psychoactive Substance Abuse NOS</td>
</tr>
<tr>
<td>304.70</td>
<td>Opioid Abuse</td>
<td>799.9</td>
<td>Deferred diagnosis</td>
</tr>
</tbody>
</table>

#### Item 6 - Referred From

1. Fed/State Criminal Justice
2. Local/County Criminal Justice
3. Self
4. Family/Friend
5. Employer
6. School/College
7. Medical: hospital/clinic/physicians/nurse
8. Social Services
9. Community Agency
10. Mental Health
11. Public Guardian
12. Public Health/Public Health Nursing
13. Residential Care Facility
14. Drug Residential
15. Drug Outpatient
16. Alcohol Residential/Outpatient
17. Telephone Directory
18. Brochure/Flyer/Newspaper/Newsletter
19. Other
20. 12 Step Program
21. OTP (Code Formally used for P36)
22. OTP Parole (Code Formally used for P36)
23. DU/I / DWI
24. Dependency Drug Court
25. State Drug Court Partnership / DCP
26. Comp Drug Court Implementation / CDCI
27. Children Family Services
28. Post-Release Community Supervision (AB109)

#### Item 7 - Admission Status

1. Substance Abuser
2. Spouse of Substance Abuser
3. Adult Child of Substance Abuser
4. Minor Child of Substance Abuser
5. Parent of Substance Abuser
6. Other Co-dependent of Substance Abuser
7. Averting Trial
8. Not Applicable
9. Z4 Unable to answer

#### Item 10 - Employment Status

1. Unemployed, not sought employment in last 30 days
2. Unemployed, has sought employment in last 30 days
3. Part Time (less than 35 hours per week)
4. Full time (more than 35 hours per week)
5. Disabled and unemployed/ not seeking employment

#### Item 13 - Current Living Situation

1. Homeless
2. Independent Living
3. Dependent Living

#### Item 16 - Coded Remarks

1. CDC Number (For clients in the Criminal Justice System)
2. Y - Yes a Veteran
3. Z0 - Client declined to State
4. Z4 - Client unable to answer
5. N - Not a Veteran
6. Z1 - Not Sure/Don’t know
7. Z3 - Client unable to answer
8. Z4 - Client unable to answer
9. Z1 - Not Sure / Don’t know
10. Z4 - Client unable to answer

#### Item 18 - Medication Prescribed

1. None
2. Methadone
3. LAMM
4. Buprenorphine (Subutex)
5. Buprenorphine (Suboxone)
6. Z3 Other

#### Item 21 - Usual Route of Administration - Primary & Secondary

1. Oral
2. Smoking
3. Inhalant
4. Injection (IV or intramuscular)
5. None

#### Item 22 - Frequency of Use - Primary & Secondary

1. Enter the number of days
2. Z2 None or not applicable
3. Z3 Other

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<table>
<thead>
<tr>
<th>Z0 = Client Declines to State</th>
<th>Z1 = Not Sure/Don’t Know</th>
<th>Z2 = Not Applicable</th>
<th>Z3 = Other</th>
<th>Z4 = Detox Only Clients</th>
</tr>
</thead>
</table>

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**Admission Legal Status**

- Under Parole Supervision by CDC
- On parole from any federal, state or local jurisdiction
- Admitted under diversion from any court
- Incarcerated

**Admission Employment Status**

- Homemaker, seeking employment
- Part-time student (less than 12 units)
- Part-time student (12 units or more)
- Full-time student (12 units or more)
- Full-time student (less than 12 units)
- Disabled and unemployed/ not seeking employment

**Current Living Situation**

- Homeless
- Independent Living
- Dependent Living

**Coded Remarks**

- CDC Number (For clients in the Criminal Justice System)
- Y - Yes a Veteran
- N - Not a Veteran
- Z0 - Client declined to State
- Z4 - Client unable to answer
- Z1 - Not Sure/Don’t know
- Z3 - Client unable to answer

**Medication Prescribed**

- None
- Methadone
- LAMM
- Buprenorphine (Subutex)
- Buprenorphine (Suboxone)
- Z3 Other

**Usual Route of Administration - Primary & Secondary**

- Oral
- Smoking
- Inhalant
- Injection (IV or intramuscular)
- None

**Frequency of Use - Primary & Secondary**

- Enter the number of days
- Z2 None or not applicable
- Z3 Other