



Adolescent (Age 12-17) DMC-ODS Screening-Parent/Caregiver Addendum

- Screener Instructions:**
1. Obtain appropriate Release of Information (ROI) from the adolescent client to consent to the Adolescent DMC-ODS (Ages 12-17) Parent/Caregiver Addendum being completed
 2. Complete the Adolescent (Age 12-17) DMC-ODS Screening – Parent/Caretaker Addendum upon consent of the Adolescent Client and with the Adolescent client in attendance
 3. Answer all questions, leave no blanks. If something is not applicable indicate: N/A.
 4. Include sufficient information to allow anyone reviewing this document to have a complete, clear picture of the situation. (Please limit the use of acronyms and abbreviations that are not widely known or defined.)
 5. **Screener inform the client:** "I am a mandated reporter which requires me to report any suspicion of child/elder abuse or neglect to the relevant authorities."
 6. Additional instructions for completing this form can be found on pages 4-5.

Date:	Service Type: <input type="checkbox"/> Initial Screening and Placement <input type="checkbox"/> Update <input type="checkbox"/> Transitional Placement
Provider:	Location:
Screener:	Title:

CLIENT INFORMATION

Has the adolescent provided consent to initiate this Adolescent (Age 12-17) DMC-ODS Screening – Parent/Caretaker Addendum? Yes No (If NO – Stop Here!)

Parent or Guardian Name:	Telephone:		
Client Last Name:	First Name:	Middle Name:	
DOB:	Age:	SS#:	Client ID Number (if previously known):
Telephone - (Home):	(Cell):		
Home Address:			
Mailing Address: (if homeless)			
City:	Zip Code:	County:	
Living Arrangement:	<input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care or Group Home <input type="checkbox"/> Living w/Parent or Caregiver <input type="checkbox"/> Institution		

How can we help the adolescent client today?

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	DOB:	
	Chart #:	
	Program:	

Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential

1. Do you know if your child is drinking alcohol or using drugs? Yes No

If yes, describe:

2. Do you know if your child is using anything else to get high? (Anything else includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff") Yes No

If yes, explain:

3. Has your child ever been hospitalized or experienced blackouts due to alcohol/drug use? Yes No

Dimension 2: Biomedical Conditions and Complications

4. Does your child have any current physical health problems (seizures, allergies)? Yes No

If yes, explain:

5. If female, is your child pregnant? Yes No N/A

If yes, how many weeks/months?

6. With the health concerns, are there any medications that are prescribed by a physician? Yes No

If yes, specify name:

Dimension 3 - Emotional, Behavioral, or Cognitive Conditions and Complications

7. Have you ever taken your child to a therapist or counselor? Yes No

8. Has your child ever harmed themselves or someone else (cutting, acted violent toward others)? Yes No

If yes, explain:

9. Has your child ever received services in an inpatient or outpatient for mental or behavioral health needs? Yes No

If yes, explain:

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10. Is he or she currently taking medications?

Yes No

If so, list:

11. Does your child have a learning disability?

Yes No Don't Know

Dimension 4: Readiness to Change

12. Was your child willing to come to this appointment?

Yes No

Explain:

13. Has your relationship with your child changed since their substance use?

Yes No

Explain:

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

14. As far as you know, has your child ever used alcohol or drugs while they are alone?

Yes No

15. Has your child ever been in treatment for alcohol or drug use?

Yes No

If yes, what type and what was the outcome:

Dimension 6: Recovery/Living Environment

16. Has your child ever gotten into trouble while they were using alcohol or drugs?

Yes No

If yes, explain:

17. Do you have any problems with transportation?

Yes No

18. Do you have a stable living environment?

Yes No

19. Do your child's friends use alcohol and/or drugs?

Yes No

20. Is anyone in the home using alcohol and/or drugs?

Yes No

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Adolescent (Ages 12-17) DMC-ODS Screening – Parent/Caretaker Addendum – Instructions

The information gathered in this screening will assist in treatment planning for the client

Screener: answer questions in their entirety, and solicit enough information from the client and document that information thoroughly to ensure appropriate information is received and documented.

- Application of the DMC-ODS Tools:
- **Initial Adolescent (Age 12-17) DMC-ODS Screening** - is completed at admission for all levels of care
 - **Initial Adolescent (Age 12-17) DMC-ODS Screening** - is completed at a request for a 6 month justification for stay
 - **DMC-ODS Adolescent (Age 12-17) Transition** - is completed when the client is moving from one level of care to another, within 14 days of discharge
 - **DMC-ODS Adolescent (Age 12-17) Transition** - is completed with each updated treatment plan
 - **Intake Assessment** – is completed at each admission (intake)

- Date: Insert the date the Adolescent (Ages 12-17) DMC-ODS Screening – Parent/Caretaker Addendum is being completed
- Service Type: Check the appropriate box
- Provider: Enter the name of the Provider completing the Adolescent (Ages 12-17) DMC-ODS Screening – Parent/Caretaker Addendum
- Location: Enter the location of the Provider completing the Adolescent (Ages 12-17) DMC-ODS Screening – Parent/Caretaker Addendum
- Screener: Enter the name of the AOD Counselor and or LPHA completing the Adolescent (Ages 12-17) DMC-ODS Screening – Parent/Caretaker Addendum
- Title: Enter AOD Counselor or LPHA title

Client Information

- Answer the question: Has the adolescent provided consent to initiate this Adolescent (Ages 12-17) DMC-ODS Screening – Parent/Caretaker Addendum? Check the appropriate box: Yes or No. **If “No” is checked STOP and do not complete this form.**
- Enter the Parent or Guardian Name and telephone number
- Enter the client’s name in the order of last name, first name and middle name
- Enter the client’s date of birth
- Enter the client’s age
- Enter the client’s Social Security Number
- Enter the client’s EHR/billing data base ID number if previously known to the system
- Enter the client’s telephone number: Home and Cell or any other applicable contact number
- Enter the client’s home address, if homeless enter: “Homeless”
- Enter the client’s mailing address
- Enter the City, Zip code and County of the corresponding address
- Enter client’s living arrangement
- Answer the questions “How can we help the adolescent client today? Place the answer in the box provided.

Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential

For questions 1 – 3 the interviewer asks the client the questions, to which the parent/guardian would answer yes or no, as applicable. The interviewer will then ask the client to further describe their response and document in the space provided. The intent is to gather as much relevant information on each topic. The information gathered in this screening will assist in treatment planning for the client.

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Dimension 2: Biomedical Conditions and Complications

For questions 4 - 6 the interviewer asks the client the questions, to which the client would answer yes or no, as applicable. The interviewer will then ask the client to further describe their response and document in the space provided. The intent is to gather as much relevant information on each topic. The information gathered in this screening will assist in treatment planning for the patient.

Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications

For questions 7 – 11 the interviewer asks the client the questions, to which the client would answer yes or no, as applicable. The interviewer will then ask the client to further describe their response and document in the space provided. The intent is to gather as much relevant information on each topic. The information gathered in this screening will assist in treatment planning for the patient.

Dimension 4: Readiness to Change

For questions 12 - 13 the interviewer asks the client the questions, to which the client would answer yes or no, as applicable. The interviewer will then ask the client to further describe their response and document in the space provided. The intent is to gather as much relevant information on each topic. The information gathered in this screening will assist in treatment planning for the patient.

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

For questions 14 - 15 the interviewer asks the client the questions, to which the client would answer yes or no, as applicable. The interviewer will then ask the client to further describe their response and document in the space provided. The intent is to gather as much relevant information on each topic. The information gathered in this screening will assist in treatment planning for the patient.

Dimension 6: Recovery/Living Environment

For questions 16 - 19 the interviewer asks the client the questions, to which the client would answer yes or no, as applicable. The interviewer will then ask the client to further describe their response and document in the space provided. The intent is to gather as much relevant information on each topic. The information gathered in this screening will assist in treatment planning for the patient.

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