

(Print Legibly)

Data Entry Initials:

**CLIENT ANNUAL EPISODE
UPDATE SUMMARY**

Confidential Patient Information
See Welfare & Institution Code 5328

1 Client Number:

2 Reporting Unit #:

INCLUDE AN UPDATED CLIENT REGISTRATION WHEN SUBMITTING AN ANNUAL EPISODE UPDATE SUMMARY

Client Name: Last _____ First _____ MI: _____

Screen 1

3 Admit Date: / /
Month Day Year

4 Annual Update Date: / / Type:
Month Day Year

5 Staff #: Staff Name: _____

6 Client Pregnant During Treatment (Y/N/Z1):

7 Admission Employment Status:

8 Current Living Situation (Homeless at Admission):

Screen 2

9 Substance Abuse Problem: Primary Secondary Tertiary Primary Drug Name _____

10 Usual Route of Administration: Secondary Drug Name _____

11 Frequency of Use: Tertiary Drug Name _____

12 Age of First Use (Yrs):

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

Screen 3

In last 30 days, # of:

13 Alcohol Frequency (#/Z2):

14 IV User (#):

15 Paid Days Worked (#):

16 Days in Jail: (#):

17 Days in Prison (#):

18 Days of 12 Step/Other (#):

19 Days Living with Substance User (#):

20 Conflict Days with Family (#):

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

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

Screen 4

23 Consent for Future Contact (Y/N):

24 Enrolled in Job Training (Y/N):

25 Enrolled in School (Y/N):

26 Diagnosed With:
HIV/AIDS Tested (Y/N):
HIV/AIDS Result (Y/N):

27 Prior Mental Health Diagnosis (Y/N):

28 Children Aged 17 or Less (#):

29 Children Aged 5 or Less (#):

30 Children in CPS Placement (#):

31 Children in Placement with No Parental Rights (#):

Z0 = Client Declines to State Z1 = Not Sure/Don't Know Z2 = Not Applicable Z3 = Other Z4 = Detox Only Clients

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CLIENT ANNUAL EPISODE UPDATE

NOTE: The “Z4” (Client Unable to Answer) code is only allowable for certain questions and ONLY when the client is coded in the Client Registration screen as having a Physical Disability of “Developmentally Disabled” or enrolled in a detoxification program.

Item 4- Annual Update Information

- | |
|--|
| 1 Enter date of annual update |
| 2 Enter Type (Indicate which annual update is being reported-first, second, etc.) |

Item 7 - Admission Employment Status

- | | |
|---|---|
| 1 Unemployed, not sought employment in last 30 days | 6 Homemaker, not seeking employment |
| 2 Unemployed, has sought employment in last 30 days | 7 Part-time student (less than 12 units) not seeking employment |
| 3 Part Time (less than 35 hours per week) | 8 Full-time student (12 units or more) not seeking employment |
| 4 Full time (more than 35 hours per week) | 9 Employed Student / part time |
| 5 Homemaker, seeking employment | 10 Disabled and unemployed/ not seeing employment |

Item 8 – Current Living Situation

- | | | |
|------------|--------------------|----------------------|
| 1 Homeless | 2 Dependent Living | 3 Independent Living |
|------------|--------------------|----------------------|

Item 9 - Substance Abuse Problem - Primary, Secondary, Tertiary

- | | | | | |
|------------------------|----------------------|---------------------------------|---------------------|------------------------|
| 1 Heroin | 6 Other Amphetamines | 11 Other Hallucinogens | 16 Inhalants | 24 Other Club Drugs |
| 2 Alcohol | 7 Other Stimulants | 12 Tranquilizers | 17 Over the Counter | 25 Oxycodone/Oxycontin |
| 3 Barbiturates | 8 Cocaine/Crack | 13 Other Tranquilizers | 21 Other | Z1 Unknown |
| 4 Other Seds/Hypnotics | 9 Marijuana/Hashish | 14 Non-Prescription Methadone | 22 Ecstasy | Z3 Other (specify) |
| 5 Methamphetamines | 10 PCP | 15 Other Opiates and Synthetics | 23 Other Club Drugs | |

Item 10 - Usual Route of Administration - Primary & Secondary

- | | | |
|-----------|-----------------------------------|---------------------------|
| 1 Oral | 3 Inhalant | Z2 None or not applicable |
| 2 Smoking | 4 Injection (IV or intramuscular) | Z3 Other |

Item 11 - Frequency of Use - Primary & Secondary

- | | |
|--------------------------|---------------------------|
| Enter the number of days | Z2 None or not applicable |
|--------------------------|---------------------------|