



**Department of Behavioral Health
Substance Use Disorder and Recovery Services**

San Bernardino County DBH-SUDRS Admission - Outpatient

First Name		Last Name	
Counselor Name		Date	
Client ID		Reporting Unit	

Identification and Treatment Information

Social Security Number

Please enter the client's social security number or 999-99-9999 respectively. _____

Gender

Please enter the client's gender. Female Male Transgender (Trans Man) Transgender (Trans Woman)
 Gender Non-Conforming Not Available Decline to state

Date of Birth

Please enter the client's Date of Birth. _____

Preadmit/Admission Date

Please enter the client's date of admission into the respective program. _____

Preadmit/Admission Time

Please enter the client's time of admission into the respective program. _____

Program

Please enter the respective Report Unit (Program) the client is being opened in (ie; 36361 and etc.) _____

Type of Admission

Please select the type of admission that is being completed (check appropriate box):

- Admission
- Pre-Admission
- SUD Admission

Admitting Practitioner

Practitioner (Physician/Therapist/Counselor) name that is opening the episode _____

Compliance Indicator

Received Copy of Beneficiary Handbook

Please select **Yes or No** to the response associated with "Did the client receive a copy of the Beneficiary Handbook"?

Check appropriate box:

- Yes No

Completion of Acknowledgement of NOPP Form

Please select **Yes or No** to the response associated with "Did the client complete the Notice of Privacy Practices form"?

Check appropriate box:

- Yes No

Completion of Consent for Outpatient Treatment Form

Please select **Yes or No** to the response associated with "Did the client complete the Consent for Outpatient Form"?

Check appropriate box:

- Yes No

Advanced DirectivePlease select **Yes** or **No** to the response associated with "Did the client complete the Advanced Directive Form?"

Check appropriate box:

 Yes No **Demographics****Last Name**

Please enter the client's last name.

Ask: What is your last name? _____**First Name**

Please enter the client's first name.

Ask: What is your first name? _____**Address**

Please enter the client's address with city and state.

Ask: What is your address at your current residence? _____**Ask:** What is the zip code at your current residence? _____**Ask:** What is the city at your current residence? _____**Ask:** What is the state at your current residence? _____**Home Phone Number**

Please enter the client's phone number.

Ask: What is your current home phone number? _____**Primary Language**

Please select the client's primary language.

<input type="checkbox"/>	American Sign Language	<input type="checkbox"/>	Hmong	<input type="checkbox"/>	Polish
<input type="checkbox"/>	Arabic	<input type="checkbox"/>	Ilocano	<input type="checkbox"/>	Portuguese
<input type="checkbox"/>	Armenian	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Russian
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Cantonese	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Chinese Dialect	<input type="checkbox"/>	Lao	<input type="checkbox"/>	Tagalog
<input type="checkbox"/>	English	<input type="checkbox"/>	Mandarin	<input type="checkbox"/>	Thai
<input type="checkbox"/>	Farsi	<input type="checkbox"/>	Mien	<input type="checkbox"/>	Turkish
<input type="checkbox"/>	Filipino Dialect	<input type="checkbox"/>	Other Chinese Languages	<input type="checkbox"/>	Unknown/Not Reported
<input type="checkbox"/>	French	<input type="checkbox"/>	Other Non-English	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Hebrew	<input type="checkbox"/>	Other Sign Language	<input type="checkbox"/>	

Ethnic Origin

Please select client's ethnic origin (check appropriate box):

<input type="checkbox"/>	Alaskan Native	<input type="checkbox"/>	Other Asian
<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Other Hispanic/Latin
<input type="checkbox"/>	Latin American	<input type="checkbox"/>	Other Hispanic
<input type="checkbox"/>	Mexican/Mexican American	<input type="checkbox"/>	Puerto Rican
<input type="checkbox"/>	Other South East Asian	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Hispanic or Latino Origin Not Available	<input type="checkbox"/>	Declined to State

Employment Status

Please select the client's employment status (check appropriate box):

Ask: What is your current employment status?

<input type="checkbox"/>	Full Time (32+ Hours A Week Not Including Armed Forces)	<input type="checkbox"/>	Part Time (1- 15 Hours A Week)
<input type="checkbox"/>	Full time training	<input type="checkbox"/>	Part Time (16 - 32 Hours A Week)
<input type="checkbox"/>	Not in Labor Force - Homemaker	<input type="checkbox"/>	Part time training
<input type="checkbox"/>	Not in the Labor Force - Other Not Seeking Employment In Past 30 Days	<input type="checkbox"/>	Rehab 20-35 hours
<input type="checkbox"/>	Not in the Labor Force - Resident/Inmate Of	<input type="checkbox"/>	Rehab 20 hour/less
<input type="checkbox"/>	Not in the Labor Force - Retired	<input type="checkbox"/>	Rehab 35 hours/more
<input type="checkbox"/>	Not in the Labor Force - Student	<input type="checkbox"/>	Unemployed – Seeking Employment
<input type="checkbox"/>	Not in the Labor Force	<input type="checkbox"/>	Unknown

Race

Please select the client's race. (check appropriate box):

<input type="checkbox"/>	Alaskan Native	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Other South East Asian
<input type="checkbox"/>	Amerasian	<input type="checkbox"/>	Guamanian	<input type="checkbox"/>	Other Asian
<input type="checkbox"/>	American Indian	<input type="checkbox"/>	Hawaiian	<input type="checkbox"/>	Other Hispanic
<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Other Race
<input type="checkbox"/>	Asian Native	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Black/African-American	<input type="checkbox"/>	Laotian	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Latin American	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Mexican American	<input type="checkbox"/>	White
<input type="checkbox"/>	Race Not Available	<input type="checkbox"/>	Decline to state		

Education**Highest School Grade Completed**

Please select the client's highest school grade completed (check appropriate box):

Ask: What is the highest school grade you completed?

<input type="checkbox"/>	1 Year Preschool	<input type="checkbox"/>	9 Years	<input type="checkbox"/>	19 Years
<input type="checkbox"/>	2 Years Or More Preschool	<input type="checkbox"/>	10 Years	<input type="checkbox"/>	20+ Years
<input type="checkbox"/>	1 Year	<input type="checkbox"/>	11 Years	<input type="checkbox"/>	1 Year Special Education
<input type="checkbox"/>	2Years	<input type="checkbox"/>	12 Years	<input type="checkbox"/>	2 Years Or More Special Education
<input type="checkbox"/>	3 Years	<input type="checkbox"/>	13 Years	<input type="checkbox"/>	1 Year Vocational/Technical
<input type="checkbox"/>	4 Years	<input type="checkbox"/>	14 Years	<input type="checkbox"/>	2 Years Vocational/Technical
<input type="checkbox"/>	5 Years	<input type="checkbox"/>	15 Years	<input type="checkbox"/>	Completed vocational training without high school diploma
<input type="checkbox"/>	6 Years	<input type="checkbox"/>	16 Years	<input type="checkbox"/>	None
<input type="checkbox"/>	7 Years	<input type="checkbox"/>	17 Years	<input type="checkbox"/>	Other
<input type="checkbox"/>	8 Years	<input type="checkbox"/>	18 Years	<input type="checkbox"/>	Unknown

Sexual Orientation**Sexual Orientation**

Please select client's sexual orientation (check appropriate box):

Ask: Are you heterosexual, lesbian, gay, bisexual, transgender or do you question your sexual orientation?

<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>	Lesbian (female)
<input type="checkbox"/>	Gay (male)	<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Unsure/Questioning	<input type="checkbox"/>	Declined To State
<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Queer
<input type="checkbox"/>	Pansexual	<input type="checkbox"/>	Asexual
<input type="checkbox"/>	Other	<input type="checkbox"/>	Not Available