



CONSUMER REPORTING FORM
ADMISSION REPORT

MODALITY (SELECT ONLY ONE)

- [] MH MENTAL HEALTH
[] AD ALCOHOL/DRUG
[] DU CO-OCCURRING
[] GA GAMBLING

SERVICE (SELECT ONLY ONE)

- [] DS DSAMH
[] ME MEDICAID
[] PR PRIVATE INSURANCE

Treatment UNIT Name

TREATMENT UNIT ID #

LAST NAME

FIRST NAME

STREET (Optional)

CITY STATE

ZIP COUNTY

HOME TELEPHONE (Optional)

DSAMH ADMISSION DATE LEAVE BLANK UNTIL ADMISSION

BIRTHDATE

MCI #

S.S.#

MEDICARE

GENDER
[] M MALE
[] F FEMALE
[] T TRANSGENDER (TO FEMALE)
[] W TRANSGENDER (TO MALE)

RESIDENTIAL ARRANGEMENT
[] PU PRIVATE RESIDENCE - UNSUPERVISED
[] PS PRIVATE RESIDENCE - SUPERVISED
[] FC ADULT FOSTER CARE
[] BH BOARDING HOUSE
[] GU GROUP SETTING/ UNSUPERVISED
[] GS GROUP SETTING/ SUPERVISED
[] NH NURSING HOME/ICF/ SNF
[] CJ CORRECTIONS FACILITY JAIL
[] I OTHER INSTITUTION
[] O OTHER
[] N NONE/HOMELESS
[] U UNKNOWN

EDUCATION WRITE IN HIGHEST GRADE COMPLETED
01-12 ELEMENTARY/HIGH SCHOOL
13-16 COLLEGE/ POST SECONDARY
17 MASTERS
18 PHD/MD
19 POST DOCTORAL
96 NEVER COMPLETED ANY GRADE HIGHER THAN PRE-SCHOOL OR KINDERGARTEN
97 UNKNOWN

NUMBER OF ARRESTS 30 DAYS PRIOR TO ADMISSION

CURRENT LEGAL INVOLVEMENT
[] CP CHARGES PENDING
[] SP CONVICTED - SENTENCE PENDING
[] UP SENTENCED - UNSUPERVISED PROBATION (SENTAC I)
[] FS SENTENCED - FIELD SUPERVISION (SENTAC II)
[] IS SENTENCED - INTENSE SUPERVISION (SENTAC III)
[] QI SENTENCED - QUASI-INCARCERATION (SENTAC IV)
[] CJ SENTENCED - PRISON/CORRECTIONS/JAIL (SENTAC V)
[] HX HISTORY OF LEGAL INVOLVEMENT BUT NOT CURRENT
[] N NO CURRENT INVOLVEMENT OR HISTORY
[] U UNKNOWN

RACIAL IDENTIFICATION (CHECK ONE)
[] AA AMERICAN INDIAN/ALASKA NATIVE
[] AP AA PLUS OTHER RACES
[] BL BLACK / AFRICAN AMERICAN
[] BP BL PLUS OTHER RACES
[] CA WHITE/CAUCASIAN
[] CP CA PLUS OTHER RACES
[] HA NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
[] HP HA PLUS OTHER RACES
[] MU MULTIRACIAL, UNSPECIFIED
[] PA ASIAN
[] PP PA PLUS OTHER RACES
[] U UNKNOWN

HOMELESS AT ANY TIME DURING THE PAST 30 DAYS?
[] Y YES
[] N NO
[] U UNKNOWN

PRIMARY EMPLOYMENT (DURING PAST 30 DAYS)
[] F FULL TIME
[] P PART TIME
[] E SHELTERED NON-COMPET (MH ONLY)
[] M MILITARY ARMED FORCES
[] L UNEMPLOYED - LOOKING FOR WORK
[] N UNEMPLOYED - NOT LOOKING
[] D DISABLED - UNABLE TO WORK
[] H HOMEMAKER
[] S STUDENT
[] R RETIRED
[] I INMATE/RESIDENT OF INSTITUTION
[] V VOLUNTEER
[] O OTHER
[] U UNKNOWN

CONSUMER'S PRIMARY SOURCE OF INCOME
[] SS SOCIAL SECURITY
[] SI SSI
[] SD SSDI
[] VD VA - DISABILITY
[] VR VA - RETIREMENT
[] UI UNEMPLOYMENT INSURANCE
[] IL ILLEGAL
[] E EMPLOYMENT
[] S SPOUSE
[] F FAMILY/FRIENDS
[] A TANF
[] G GENERAL ASSISTANCE
[] P PENSION/RETIREMENT (IRA, KEOGH, SEP)
[] W WORKERS' COMPENSATION
[] D PRIVATE DISABILITY INSURANCE
[] I INVESTMENTS/SAVINGS
[] O OTHER
[] N NONE
[] U UNKNOWN

HISPANIC/LATINO
[] P PUERTO RICAN
[] M MEXICAN
[] C CUBAN
[] O OTHER HISPANIC
[] N NOT OF HISPANIC ORIGIN
[] U UNKNOWN

VETERAN STATUS
[] VP VETERAN/PREVIOUS MILITARY SERVICE (See Instructions)
[] AD ACTIVE DUTY
[] FM IMMEDIATE FAMILY MEMBER of MILITARY or VETERAN (See Instructions)
[] NA NONE OF THE ABOVE
[] U UNKNOWN

PRIMARY HEALTH INSURANCE
[] M MEDICARE
[] A MEDICAID
[] E MEDICAID MCO
[] C CHAMPUS
[] B BLUE CROSS/BLUE SHIELD
[] V VA
[] H HMO
[] G OTHER GOVERNMENT FUNDS
[] P OTHER PRIVATE COMMERCIAL
[] O OTHER
[] N NONE
[] U UNKNOWN

CONSUMER'S GROSS INCOME PER YEAR NUMBER DEPENDENT ON CONSUMER'S INCOME WRITE IN NUMBER (01 - 20)
\$
NUMBER OF CUSTODIAL DEPENDENT CHILDREN <=26

MARITAL STATUS
[] M MARRIED
[] S SINGLE
[] D DIVORCED
[] X SEPARATED
[] W WIDOWED
[] U UNKNOWN

PRIMARY LANGUAGE
[] E ENGLISH
[] S SPANISH
[] M SIGN (MANUAL)
[] O OTHER
[] U UNKNOWN

SCREENING/ASSESSMENT OF TRAUMA HISTORY
SCREENING FOR HISTORY OF TRAUMA ASSESSMENT FOR HISTORY OF TRAUMA
[] P POSITIVE [] P POSITIVE
[] N NEGATIVE [] N NEGATIVE
[] U UNKNOWN [] U UNKNOWN

DSAMH CONSUMER REPORTING FORM - ADMISSION REPORT

DATE OF FIRST CONTACT					
		/		/	

TREATMENT UNIT ID #

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MCI #

0	0	0						
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ALCOHOL & DRUG USE MATRIX	PRIMARY	SECONDARY	TERTIARY
SUBSTANCE TYPE			
FREQUENCY OF USE			
ROUTE OF ADMINISTRATION			
AGE OF FIRST USE			

SUBSTANCE TYPE CODES TO USE IN BOX ABOVE			ROUTE OF ADMINISTRATION	FREQUENCY OF USE
AL ALCOHOL	MD NON-PRESCRIPTION METHADONE	LS LSD	M BY MOUTH (SWALLOW)	N NO USE IN PAST MONTH
CO COCAINE	BA BARBITURATES	HA OTHER HALLUCINOGENS	S SMOKE	I INFREQUENT (1-3 TIMES PAST MONTH)
CR CRACK	SE OTHER SEDATIVES OR HYPNOTICS	IN INHALANTS	B BREATHE/INHALE/SNORT	O OFTEN (1-2 TIMES PER WEEK)
ME METHAMPHETAMINE	BE BENZODIAZEPINES	ST STEROIDS	V INTRAVENOUS	F FREQUENTLY (3-6 TIMES PER WEEK)
AM OTHER AMPHETAMINES	TR MAJOR TRANQUILIZERS	OC OVER-THE-COUNTER DRUGS	I OTHER INJECTION	D DAILY
OS OTHER STIMULANTS	CS COUGH SYRUPS AND MIXTURES	O OTHER	O OTHER	M MORE THAN TWICE DAILY
HE HEROIN	MA MARIJUANA/HASHISH	N NONE	N NONE	U UNKNOWN
OP OTHER OPIATES & SYNTHETICS	PC PCP	U UNKNOWN	U UNKNOWN	

CURRENTLY PREGNANT	INJECTION DRUG USE EVER	SUBSTANCE ABUSE DRUG CODES <i>(Select all that apply)</i>	
<input type="checkbox"/> Y YES	<input type="checkbox"/> Y YES	<input type="checkbox"/> CODEINE	<input type="checkbox"/> BUTORPHANOL (STADOL)
<input type="checkbox"/> N NO	<input type="checkbox"/> N NO	<input type="checkbox"/> PROPOXYPHENE (DARVON)	<input type="checkbox"/> PENTAZOCINE (TALWIN)
<input type="checkbox"/> U UNKNOWN	<input type="checkbox"/> U UNKNOWN	<input type="checkbox"/> OXYCODONE (OXYCONTIN)	<input type="checkbox"/> HYDROCODONE (VICODIN)
		<input type="checkbox"/> MEPHRIDINE (DEMEROL)	<input type="checkbox"/> TRAMADOL (ULTRAM)
		<input type="checkbox"/> HYDROMORPHONE (DILAUDID)	<input type="checkbox"/> BUPRENOPHINE (SUBUTEX, SUBOXON)

ADMISSION TYPE <i>(LEAVE BLANK UNTIL ADMITTED)</i>	SOURCE/AGENCY CODE	PRESENTING PROBLEM <i>(SEE INSTRUCTIONS FOR CODES)</i>																				
<input type="checkbox"/> V VOLUNTARY <input type="checkbox"/> C CIVIL ORDER <input type="checkbox"/> J JUDICIAL (COURT ORDER) <input type="checkbox"/> U UNKNOWN <input type="checkbox"/> N NONE	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> T TRANSFERRED <input type="checkbox"/> R REFERRED <input type="checkbox"/> S SELF-REFERRED <input type="checkbox"/> U UNKNOWN					PRIMARY <table border="1"> <tr> <td></td> <td></td> </tr> </table>																
ALERT INFORMATION C= CLINICIAN; S = SELF-REPORT (MARK ALL THAT APPLY)	SOCIAL SUPPORT/CONNECTEDNESS (SUPPORT GROUPS- NA, AA, ETC.)	EXPECTED SOURCE OF PAYMENT																				
S <input type="checkbox"/> C <input type="checkbox"/> TB ACTIVE S <input type="checkbox"/> C <input type="checkbox"/> TB HISTORY S <input type="checkbox"/> C <input type="checkbox"/> HISTORY OF MENTAL ILLNESS S <input type="checkbox"/> C <input type="checkbox"/> PREVIOUS TREATMENT FOR MH S <input type="checkbox"/> C <input type="checkbox"/> HISTORY OF SUBSTANCE ABUSE S <input type="checkbox"/> C <input type="checkbox"/> PREVIOUS TREATMENT FOR ALCOHOL AND /OR DRUGS S <input type="checkbox"/> C <input type="checkbox"/> PSYCHIATRIC DISABILITY S <input type="checkbox"/> C <input type="checkbox"/> NONE	<input type="checkbox"/> Y YES <input type="checkbox"/> N NO <input type="checkbox"/> U UNKNOWN FREQUENCY OF ATTENDANCE AT SELF HELP PROGRAMS 30 DAYS PRIOR TO ADMISSION <table border="1"> <tr> <td></td> <td></td> </tr> </table>			<table border="1"> <thead> <tr> <th>PRIMARY</th> <th>SECONDARY</th> <th>TERTIARY</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> D DSAMH</td> <td><input type="checkbox"/> D DSAMH</td> <td><input type="checkbox"/> C CO-PAY</td> </tr> <tr> <td><input type="checkbox"/> M MEDICARE</td> <td><input type="checkbox"/> M MEDICARE</td> <td><input type="checkbox"/> T DEDUCTIBLE PERCENTAGE</td> </tr> <tr> <td><input type="checkbox"/> A MEDICAID</td> <td><input type="checkbox"/> A MEDICAID</td> <td><input type="checkbox"/> I INDIVIDUAL/FAMILY</td> </tr> <tr> <td><input type="checkbox"/> P PRIVATE INSURANCE</td> <td><input type="checkbox"/> V VETERANS ADMINISTRATION</td> <td><input type="checkbox"/> O OTHER</td> </tr> <tr> <td><input type="checkbox"/> O OTHER</td> <td><input type="checkbox"/> O OTHER</td> <td></td> </tr> </tbody> </table>	PRIMARY	SECONDARY	TERTIARY	<input type="checkbox"/> D DSAMH	<input type="checkbox"/> D DSAMH	<input type="checkbox"/> C CO-PAY	<input type="checkbox"/> M MEDICARE	<input type="checkbox"/> M MEDICARE	<input type="checkbox"/> T DEDUCTIBLE PERCENTAGE	<input type="checkbox"/> A MEDICAID	<input type="checkbox"/> A MEDICAID	<input type="checkbox"/> I INDIVIDUAL/FAMILY	<input type="checkbox"/> P PRIVATE INSURANCE	<input type="checkbox"/> V VETERANS ADMINISTRATION	<input type="checkbox"/> O OTHER	<input type="checkbox"/> O OTHER	<input type="checkbox"/> O OTHER	
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	HISTORY OF GAMBLING DISORDER N <input type="checkbox"/> NO GAMBLING DISORDER REPORTED C <input type="checkbox"/> GAMBLING DISORDER HISTORY U <input type="checkbox"/> UNKNOWN GAMBLING HISTORY																					

PERSON COMPLETING FORM

DATE OF COMPLETION

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