| **Organization Name:** | | | | | | | | | | | | | | **Program Name:** | | | | | | | | | | | | **Date:** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Individual’s Name** (First MI Last): | | | | | | | | | | | | | | | | | **Record #:** | | | | | | | | | **DOB:** | |
| **Provider Number:**       **Program Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sex:  Male  Female Date Last Treated:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Education at Discharge**  (if education at admission was entered incorrectly, it must be updated in “Client Management” online) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Highest Grade Completed*  *No formal education*  *1st*  *2nd*  *3rd*  *4th*  *5th* | | | | | | | | *6th*  *7th*  *8th*  *9th*  *10th*  *11th* | | | | | | | | | | | | | *High School Diploma*  *General Equivalency Diploma*  *Vocational Cert w/o Diploma/GED*  *Vocational Cert w/ Diploma/GED*  *Some College – No degree*  *Associates Degree*  *Bachelors Degree*  *Graduate Degree* | | | | | | |
| **Employment** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Status**  Employed FullTime-35+ hrs/wk  Employed Part Time-<35 hrs/wk  Employed in Sheltered Workshop  Unemployed, In Treatment  Unemployed, Looking for Work  Not in Labor Force, Child Care | | | | | | | Not in Labor Force, Disabled  Not in Labor Force, In Training  Not in Labor Force, Inmate  Not in Labor Force, Retired  Not in Labor Force, Student  Not in Labor Force, Other | | | | | | | | | | | | | | | Soc Srvcs Work Exp Program  Soc Srvcs Determined, Not  Employed/Able to Work  Soc Srvcs Determined, Unable to Work,  Mandated Treatment | | | | | |
| Length of Employment at Discharge:  *0-30 Days 31- 60 Days  61-90 Days  91-120 Days  121 + Days* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Individual’s Place of Residence** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Residence**  Private Residence  Homeless, Shelter  Homeless, No Shelter  Single Resident Occupancy | | |  | | | CD Community Residence  CD Supportive Living | | | | | | | | | | | | | | MH/OPWDD Community Residence  Other Group Residential Setting  Institution, Other (Jail/Hospital)  Other | | | | | | | |
| **Living Arrangements:** Living Alone Living w/ Non-Related Persons Living with Spouse/Relatives | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary Payment Source (Select One)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None  Self-Pay  Medicaid  Medicaid Managed Care | | | | | | | | | Medicaid Pending  Medicare  DSS Congregate Care  Department of Veterans Affairs | | | | | | | | | | | | | | | Private Insurance – Fee for Service  Private Insurance – Managed Care  Other: | | | |
| **Mental Health** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Co-existing Psychiatric disorder | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| Ever Treated for a mental illness problem | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| Ever Hospitalized for mental illness | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| Ever Hospitalized for 30 or more days for mental illness | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | |
| **Total Treatment Visits**  **(For use only by Outpatient Programs-Excluding Methadone Maintenance Programs)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Treatment Visits: | | | | Individual Counseling Sessions:  Group Counseling Sessions:  Family Counseling Sessions: | | | | | | | | | | | | | | | (Provided by a primary counselor)        (Provided by a primary counselor)        (Provided by any direct care staff) | | | | | | | | |
| **Recent History** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the Individual attended 12 step or other self-help groups in the last 30 days?NoYes   |  | | --- | | No. of Arrests in Prior 30 Days (or during treatment if stay was less than 30 days):  Six Months Prior to Discharge (or during treatment if stay was less than 6 months):  No. of Arrests:       No. of Days Incarcerated:  No. of Days Hospitalized:       No. of Days in Inpatient Detox:  No. of ER Episodes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Status of Alcohol and Other Drug Use at Discharge** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Substance\*** | | | | | | | | | | | | | | | **Frequency of Use at Discharge\*\*** | | | | | | | | | | | |
| **Primary** |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Secondary** |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Tertiary** |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| \* Substance(s) reported at admission will be pre-filled on the Client Data System  \*\* Frequency of Use: No use in last 30 days; 1-3 times last 30 days; 1-2 times per week; 3-6 times per week; Daily | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Status of Different Problem Substances Used and Not Reported at Admission (if any)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Primary Substance (listed alphabetically):*   |  |  |  |  | | --- | --- | --- | --- | | **NONE** | Crack | Khat | Viagra | | Alcohol | Ecstasy | Marijuana/Hashish | Other Amphetamine | | Alprazolam (Xanax)  Barbiturate  Benzodiazepine (Klonopin)  Buprenorphine  Catapres (Clonodine)  Cocaine | Ephedrine  Elavil  GHB  Heroin  Inhalant  Ketamine | Methamphetamine  Methadone (Non-Rx)  Over-the-Counter  OxyContin  PCP  Rohypnol | Other Hallucinogen  Other Opiate/Synthetic  Other Sedative/Hypnotic  Other Stimulant  Other Tranquillizer  Other: |   Primary Route:  Inhalation  Injection  Oral  Smoking  Other  Primary Frequency:  No use last 30 days 1-3 times last 30 days  1-2 times per week  3-6 times per week  Daily | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Secondary Substance:*   |  |  |  |  | | --- | --- | --- | --- | | **NONE** | Crack | Khat | Viagra | | Alcohol | Ecstasy | Marijuana/Hashish | Other Amphetamine | | Alprazolam (Xanax)  Barbiturate  Benzodiazepine (Klonopin)  Buprenorphine  Catapres (Clonodine)  Cocaine | Ephedrine  Elavil  GHB  Heroin  Inhalant  Ketamine | Methamphetamine  Methadone (Non-Rx)  Over-the-Counter  OxyContin  PCP  Rohypnol | Other Hallucinogen  Other Opiate/Synthetic  Other Sedative/Hypnotic  Other Stimulant  Other Tranquillizer  Other: |   Secondary Route:  Inhalation  Injection  Oral  Smoking  Other  Secondary Frequency:  No use last 30 days 1-3 times last 30 days  1-2 times per week  3-6 times per week  Daily | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Tertiary Substance:*   |  |  |  |  | | --- | --- | --- | --- | | **NONE** | Crack | Khat | Viagra | | Alcohol | Ecstasy | Marijuana/Hashish | Other Amphetamine | | Alprazolam (Xanax)  Barbiturate  Benzodiazepine (Klonopin)  Buprenorphine  Catapres (Clonodine)  Cocaine | Ephedrine  Elavil  GHB  Heroin  Inhalant  Ketamine | Methamphetamine  Methadone (Non-Rx)  Over-the-Counter  OxyContin  PCP  Rohypnol | Other Hallucinogen  Other Opiate/Synthetic  Other Sedative/Hypnotic  Other Stimulant  Other Tranquillizer  Other |   Tertiary Route:  Inhalation  Injection  Oral  Smoking  Other  Tertiary Frequency:  No use last 30 days 1-3 times last 30 days  1-2 times per week  3-6 times per week  Daily | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tobacco** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frequency of Use in past 30 days (if stay is less than 30 days report use since admission or since last MCAS (for methadone programs)):  No use last 30 days 1-3 times last 30 days  1-2 times per week  3-6 times per week  Daily  Date last used: Month:       / Year:       (not entered if stay is less than 30 days)  Primary Route of Administration:  Smoking  Chewing | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Discharge Status (Check One)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed Treatment: All Goals Met  Completed Treatment: Half or More Goals Met  Treatment Not Completed: Maximum Benefit/Clinical Discharge | | | | | | | | | | | | Treatment Not Completed: Some Goals Met  Treatment Not Completed: No Goals Met | | | | | | | | | | | | | | | |
| **Referral Disposition (Check One)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No referral made  Individual not in need of additional services  Referred back to Chemical Dependence (CD) program  Referred to other CD program | | | | | | | | | | | | | | | Referred to Mental Health (MH) Program  Referred to non-CD or non-MH program  Referred to Gambling Program  Refused referral | | | | | | | | | | | | |
| **Referral Category (Check One)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Chemical Dependency (CD) Programs**  CD Program in New York State  CD Program Out of State  CD VA Program  CD Private Practitioner | | | | | **Mental Health Programs**  Mental Health Community Residence  Mental Health Inpatient  Mental Health Outpatient  Office of Persons with Developmental Disabilities  (OPWDD) | | | | | | | | | | | | | | | | | | **Health Institutions**  Hospital  Hospital (Long Term)  Nursing Home, Long Term Care  Group Home, Foster Care  Other Referral  No Referral Made  Refused Referral | | | | |
| **Evaluation of Individual’s Goal Achievement** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. (a) Chemical Dependence/ Abuse (DRUG USE)** | | **1. (b) Chemical Dependence/ Abuse (ALCOHOL USE)** | | | | | | | | | | | | | | | | **1. (c) Chemical Dependence/ Abuse (TOBACCO/NICOTINE)** | | | | | | | **2. Medical/Physical Health Conditions** | | |
| **Achieved** | | **Achieved** | | | | | | | | | | | | | | | | **Achieved** | | | | | | | **Achieved** | | |
| **Partial Achievement** | | **Partial Achievement** | | | | | | | | | | | | | | | | **Partial Achievement** | | | | | | | **Partial Achievement** | | |
| **Not Achieved** | | **Not Achieved** | | | | | | | | | | | | | | | | **Not Achieved** | | | | | | | **Not Achieved** | | |
| **Not Applicable** | | **Not Applicable** | | | | | | | | | | | | | | | | **Not Applicable** | | | | | | | **Not Applicable** | | |
| **3. Emotional/Mental Health Functioning** | | **4. Vocational/Educational**  **Employment** | | | | | | | | | | | | | | | | **5. Social/Leisure Functioning** | | | | | | | **6. Family Situation** | | |
| **Achieved** | | **Achieved** | | | | | | | | | | | | | | | | **Achieved** | | | | | | | **Achieved** | | |
| **Partial Achievement** | | **Partial Achievement** | | | | | | | | | | | | | | | | **Partial Achievement** | | | | | | | **Partial Achievement** | | |
| **Not Achieved** | | **Not Achieved** | | | | | | | | | | | | | | | | **Not Achieved** | | | | | | | **Not Achieved** | | |
| **Not Applicable** | | **Not Applicable** | | | | | | | | | | | | | | | | **Not Applicable** | | | | | | | **Not Applicable** | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. Legal** | | **8. Gambling** | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Achieved** | | **Achieved** | | | | | | | | | | | | | | | |
| **Partial Achievement** | | **Partial Achievement** | | | | | | | | | | | | | | | |
| **Not Achieved** | | **Not Achieved** | | | | | | | | | | | | | | | |
| **Not Applicable** | | **Not Applicable** | | | | | | | | | | | | | | | |
| **Addiction Medications Used During Treatment (Check All That Apply).**  **Select “None” if no addiction medications were used.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **None**  Antabuse  Buprenorphine  Campral  Chantix  Methadone | | | | | | | | | | | | | Naltrexone/Revia/Vivitrol  Nicotine Gum  Nicotine Lozenges  Nicotine Patch  Zyban/Wellbutrin  Other Addiction Medications | | | | | | | | | | | | | | |
| **Domestic Violence** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has the individual ever experienced domestic violence:**  No  Yes  Don’t Know Declined to Answer  **Has the individual ever acted toward another in a manner which would be considered domestic violence:**  No  Yes  Don’t Know Declined to Answer | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed By – Print Name/Credentials: | | | | | | | | | | **Staff Signature:** | | | | | | | | | | | | | | | | | **Date:** |