| **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? **[ ]** No **[ ]** Yes

|  |
| --- |
| 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 [ ]  OtherPrimary 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 [ ]  OtherSecondary 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 [ ]  OtherTertiary 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 [ ]  DailyDate 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:**      |