

CalOMS Admission Form Screenshots

CalOMS Client Identification Admission

Provider's Participant ID: 100023897949
 Gender: Male: 1
 D.O.B.: 12/01/1987
 SSN: Not in reg

CID-2 Provider's Participant ID: FIN #
 CID-3 Gender:
 CID-4 D.O.B.: mm/dd/yyyy
 CID-7 SSN:

CID-7a Does the client have a Social Security Number?
☐ 1 Yes
☐ -1 client declined to state
☐ -3 None or not applicable
☐ -5 CIt unable to answer (DD or W/M)

CID-8 What is the client's zip code at their current residence?
 Type in Current residence 5 digit zip code, or choose alternative answer with arrow on right side of question field.

CID-11a What is the client's county of birth if born in California?

Name of Provider

Please enter the name of the provider who completed the form.

If SSN is blank in the Smart template above please select -3 in CID-7a

CID-12 What is the client's driver license number?
 If the client does not have a driver's license, what is the client's state ID card number?

CID-13 For what state does the client have a valid driver's license or state ID card?

Answers from CID-12 & CID-13 must align

CID-15: What is the client's race? Choose up to 5 variations in race.

CID-16: What is the client's ethnicity?

CID-17: Is the client a veteran?

CID-18: Does the client have a disability?

CID-19: Is there a consent form allowing future possible contact signed by the client on file within your agency?

The answer to CID-19 should always be "0 No"

CID-20: What is the client's sexual orientation?

Encounter Smart Template

Facility: ADAS SUD Also Viejo
 FIN: 100023897949

ADMISSION
 State in which client was born.

CID-11b What is the client's state of birth if born within the United States but outside California?

Please Note: 18, 19 and -1 should only be chosen by themselves.

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*Performed on: 01/16/2025 12:47 PST

CalOMS Patient Information

CalOMS Admission

CalOMS ADU Prior

CalOMS Misc Drug

CalOMS Employment

CalOMS Criminal

CalOMS Med/Phy

CalOMS M/H Info

CalOMS Family/S

CalOMS Birth Stat

CalOMS Commun

CalOMS HIV Res

Admission Date: 11/17/2024
 Provider ID: SUD AV ODF
 Age at Admission: 36 Years
 Program Specialty: Not Applicable

ADM-1 Admission Date: mm/dd/yyyy
 ADM-3 Provider ID: (Example: C3030380)
 Age of Patient at Admission:
 Program Specialty:

Admission Data

Definition of Alternative Answers:
 Client declined to state: Enter -1
 Not Sure/Don't Know: Enter -2
 Client unable to answer. [Use only for Developmentally Disabled [DD] or Withdrawal Management [WM]]: Enter -5

ADM-1A Original Admission Date

ADM-2 Admission Transaction Type

Initial-Select if the client is new to County of Orange program or clinic. Transfer-Select if the client has received substance abuse services within Orange County programs and is transferring from one program directly into another.

ADM-4: Type of service?

Provider Descriptions for Service Types
 01 ODF Outpatient and Narcotic Treatment Program (NTP)
 02 IOT Outpatient
 03 NTP Withdrawal Management (WM) 1, 2
 04 WM 3.7 and WM 4.0
 05 WM 3.2
 07 Residential 3.1, 3.3, 3.5

ADM-5: What is the client's principal source of referral?

Commonly used options within County Clinics:
 1 Individual-Self-referral, family, friend
 2 Alcohol/Drug abuse Program-another SUD clinic, e.g., ART
 3 Other Health Care Provider-e.g., MHP provider/clinic, PCP or other medical provider
 4 School/Educational-School counselor etc.
 7 Probation or Parole-including JRC
 9 DUI/DWI-DUI Providers outside DMC ODS
 12 Court/Criminal Justice-clients entering county through Drug/DUI court programs
 14 CPS-referred by CPS

ADM-6: How many days was the client on a waiting list before being admitted to this treatment program?

ADM-7: What is the number of prior episodes in any alcohol or drug treatment program in which the client has participated?

ADM-7 Alternative Answers: -1, -2 or -5

ADM-8: Is the client a CalWORKS recipient?

ADM-9: Is the client receiving substance abuse treatment under CalWORKS recipient's welfare-to-work plan?

ADM-9 is always No unless the program is a CalWORKS provider

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ADMISSION Primary & Secondary Alcohol & Drug Use Information

Primary

**ADU-1a
Primary
Drug
(Code)**

If the word "Other" or Barbituates is selected, the Primary Drug Name (ADU-1b) must be provided.

- ☐ 01 Heroin
- ☐ 02 Alcohol
- ☐ 03 Barbituates
- ☐ 04 Other Sedatives or Hypnotics
- ☐ 05 Methamphetamines
- ☐ 06 Other Amphetamines
- ☐ 07 Other Stimulants
- ☐ 08 Cocaine/Crack
- ☐ 09 Marijuana/Hashish
- ☐ 10 PCP (Phencyclidine)
- ☐ 11 Other Hallucinogens
- ☐ 12 Tranquilizers (Benzodiazepine)
- ☐ 13 Other Tranquilizers
- ☐ 14 Non - Prescription Methadone
- ☐ 15 OxyCodone / OxyContin
- ☐ 16-Other Opiates or Synthetics (eg. Fentanyl, Norco, Percocet)
- ☐ 17-Inhalants
- ☐ 18-Over the Counter
- ☐ 19-Ecstasy
- ☐ 20-Other Club Drugs
- ☐ -2 Unknown or Not Sure / Don't Know
- ☐ -4 Other

ADU-2
How many days in the past 30 days has the client used the primary drug? (Answer 0 to 30) or -3 only.

ADU-3
What is the client's usual route to administration for the primary drug?

If ADU-1a is 02 Alcohol, ADU-3 must be 1 Oral.

ADU-4
What was the client's age of first use for the primary drug?
Answer: Age Range: 5 to 105 or -5 only.

ADU-C
Does the client have a secondary drug or alcohol problem?

ADU1-b Primary Drug Name.
What is the client's primary alcohol or drug problem?
Please name or describe any "other" drugs even if it includes alcohol.

In the box provided please type one single word drug. It must be one word, no spaces (even if the correct spelling is 2 words) and no special characters (commas, dashes).

Definition of Alternative Answers:

Client declined to state: Enter -1
Unknown or Not sure/Don't know: Enter -2
None or not applicable: Enter -3
Other: Enter -4
Client unable to answer. (Use only for Developmentally Disabled [DD] or Withdrawal Management [WM]): Enter -5

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CalOMS Patient Information
CalOMS Admission
CalOMS ADU Primary
CalOMS Miscellaneous Drug
CalOMS Employment
CalOMS Criminal Justice
CalOMS Medical/Physical
CalOMS Mental Health Information
CalOMS Family/Social
CalOMS Birth Status
CalOMS Community
CalOMS HIV Risk

Secondary

ADU-5a Secondary Drug (Code)

If the word "Other" or Barbituates is selected, the Primary Drug Name (ADU-5b) must be provided.

- ☐ 00 None
- ☐ 01 Heroin
- ☐ 02 Alcohol
- ☐ 03 Barbituates
- ☐ 04 Other Sedatives or Hypnotics
- ☐ 05 Methamphetamines
- ☐ 06 Other Amphetamines
- ☐ 07 Other Stimulants
- ☐ 08 Cocaine/Crack
- ☐ 09 Marijuana/Hashish
- ☐ 10 PCP (Phencyclidine)
- ☐ 11 Other Hallucinogens
- ☐ 12 Tranquilizers (Benzodiazepine)
- ☐ 13 Other Tranquilizers
- ☐ 14 Non - Prescription Methadone
- ☐ 15 OxyCodone / OxyContin
- ☐ 16 Other Opiates or Synthetics (eg. Fentanyl, Norco, Percocet)
- ☐ 17 Inhalants
- ☐ 18 Over the Counter
- ☐ 19 Ecstasy
- ☐ 20 Other Club Drugs
- ☐ -4 Other

ADU-6
How many days in the past 30 days has the client used the secondary drug? (Answer 0 to 30) or -3 only.

ADU-7
What is the client's usual route to administration for the secondary drug?

If ADU-5a is 02 Alcohol, ADU-7 must be 1 Oral.

- ☐ 1 Oral
- ☐ 2 Smoking
- ☐ 3 Inhalation
- ☐ 4 Injection (IV or intra
- ☐ -3 None or N/A
- ☐ -4 Other

ADU-8
What was the client's age of first use for the secondary drug? Answer: Age Range: 5 to 105 or -3 only.

ADU-5b Secondary Drug Name.
What is the client's secondary alcohol or drug problem?
Please name or describe any "other" drugs even if it includes alcohol.

In the box provided please type one single word drug. It must be one word, no spaces (even if the correct spelling is 2 words) and no special characters (commas, dashes).

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ADMISSION Miscellaneous Alcohol and Drug Use Information

Definition of Alternative Answers:
Client declined to state: Enter -1
Unknown or Not sure/Don't know: Enter -2
None or not applicable: Enter -3
Other: Enter -4
Client unable to answer. (Use only for Developmentally Disabled [DD] Withdrawal Management [WM]): Enter -5

ADU-9 Alcohol Frequency
How many days in the past 30 days has the client used alcohol? If alcohol is PRIMARY or SECONDARY drug enter -3.
Answer: Enter 0 to 30 or Alternative Answer -3 Only.

ADU-10 IV Use
How many days has the client injected drugs in the past 30 days?
Answer: Enter 0 to 30 or Alternative Answer -1 or -5 Only.

ADU-11
Has the client used needles to inject drugs during the past 12 months?

☐ 1 Yes
☐ 0 No
☐ -5 Clt unable to answer (DD or WM)

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ADMISSION Employment Information

Definition of Alternative Answers:

Client declined to state: Enter -1
Not Sure/Don't Know: Enter -2
None or not applicable: Enter -3
Client unable to answer. (Use only for Developmentally Disabled [DD] or Withdrawal Management [WM]): Enter -5

EMP-1 Employment Status
What is the client's current employment status?

☐ 1 Employed F/T 35+ Hours/wk
☐ 2 Employed P/T < 35/wk
☐ 3 Unemployed (Looking for Work)
☐ 4 Unemployed (Not looking for work)
☐ 5 Not in Labor Force (Not seeking)

EMP-2 Work in Past 30 Days
How many days was the client paid for working in the past 30 days?
Answer: 0 to 30 days or Alternative Answers -1, -5 (Only).

EMP-3 Enrolled in School
Is client enrolled in school?

☐ 1 Yes
☐ 0 No
☐ -1 client declined to state
☐ -5 Clt unable to answer (DD or WM)

EMP-4 Enrolled in Job Training
Is client currently enrolled in a job training program?

☐ 1 Yes
☐ 0 No
☐ -1 client declined to state
☐ -5 Clt unable to answer (DD or WM)

EMP-5
What is the client's highest school grade completed?
Choose 0 to 30 Years or -1, or -5 only.

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ADMISSION Criminal Justice Information

Definition of Alternative Answers:
 Client declined to state: Enter -1
 Not Sure/Don't Know: Enter -2
 None or not applicable: Enter -3
 Client unable to answer. (Use only for Developmentally Disabled [DD] or Withdrawal Management [WM]): Enter -5

LEG-1 What is the client's criminal justice status?

☐ 1 Not Applicable
☐ 2 Under Parole Supervision by California Department of Corrections and Rehabilitation (CDCR)
☐ 3 On Parole From any Other Jurisdiction
☐ 4 Post-release Community Service (AB109) or probation from any federal, state, or local jurisdiction
☐ 5 Admitted under Diversion from any Court
☐ 6 Incarcerated
☐ 7 Awaiting Trial, Charges or Sentencing
☐ -5 CIt unable to answer (DD or WM)

LEG-2 Does the client have a CDCR Identification Number?

☐ 1 Yes
☐ -1 CIt declined to state
☐ -2 Unknown or Not Sure
☐ -3 None or not applicable
☐ -5 CIt unable to answer (DD or WM)

If client is under 18 please select -3 None or N/A

Age: 37 Years

LEG-2a CDCR Identification Number

CDCR ID Number Alpha Character

CDCR ID Number 5 digits ONLY

LEG-3 How many times has the client been arrested in the past 30 days?
 Answer: 0 to 30 or -5 CIt unable to answer (DD or WM).

LEG-4 Number of jail days in last 30 Days
 How many times in the past 30 Days has the client been in Jail?
 Answer: 0 to 30 or -5 CIt unable to answer (DD or WM).

LEG-5 Number of prison days last 30 days
 How many days in the past 30 days has the client been in prison?
 Answer: 0 to 30 or -5 unable to answer (DD or WM)

LEG-6 Is the client a Parolee in the Services Network (PSN)?

☒ 0 No

LEG-7 Is the client a parolee in the Female Offender Treatment Program (FOTP)?

☒ 0 No

LEG-8 What is the client's FOTP status?

☒ -3 None or not applicable

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By: Mau, Lisa

ADMISSION Medical and Physical Health Data

Definition of Alternative Answers:
Client declined to state: Enter -1
Not Sure/Don't Know: Enter -2
None or not applicable: Enter -3
Client unable to answer. (Use only for Developmentally Disabled [DD] or Withdrawal Management [WM]): Enter -5

MED-1 Is the client a Medi-Cal Beneficiary?

☐ 1 Yes
☐ 0 No
☐ -5 Clt unable to answer (DD or WM)

MED-2 How many times in the past 30 days has the client visited an emergency room for physical health problems? Answer 0 through 99 or -5 Clt unable to answer (DD or WM).

MED-3 How many days in the past 30 days has the client stayed overnight in a hospital for physical health problems. Answer 0 through 30 or -5 Clt unable to answer (DD or WM).

MED-4 How many days in the last 30 days has the client experienced health problems? Answer 0 through 30 or -5 Clt unable to answer (DD or WM).

MED-5 If the client is not a male, is the client pregnant at the time of admission?

☒ 0 No

MED-7 What medication is prescribed as a part of treatment?

☐ 1 None
☐ 2 Methadone
☐ 3 LAAM
☐ 4 Buprenorphine (Subutex)
☐ 5 Buprenorphine (Suboxone)
☐ -4 Other

Comment

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MED-C Has the client been diagnosed with Tuberculosis, Hepatitis C or a Sexually Transmitted Disease (STD)?

☐ 0 No
☐ 1 Yes

For MED-7 if a licensed NTP provider select the medication; if a MAT provider and prescribing the medication select -4 Other; for non-NTP providers select 1 None

CalOMS Communicable Diseases Data - zzztest, sitric

ADMISSION Communicable Diseases Data

Definition of Alternative Answers:
Client declined to state: Enter -1
Not Sure/Don't Know: Enter -2
Client unable to answer. (Use only for Developmentally Disabled [DD] or Withdrawal Management [WM]): Enter -5

MED-8 Has the client been diagnosed with Tuberculosis?

☐ 1 Yes
☒ 0 No
☐ -1 client declined to state
☐ -5 Clt unable to answer (DD or WM)

MED-9 Has the client been diagnosed with Hepatitis C?

☐ 1 Yes
☒ 0 No
☐ -1 client declined to state
☐ -5 Clt unable to answer (DD or WM)

MED-10 Has the client been diagnosed with a Sexually transmitted Disease?

☐ 1 Yes
☒ 0 No
☐ -1 client declined to state
☐ -5 Clt unable to answer (DD or WM)

MED-11 Has the client been tested for HIV/AIDS?

☐ 1 Yes
☐ 0 No
☐ -1 client declined to state
☐ -5 Clt unable to answer (DD or WM)

CalOMS HIV Results Admission - zzztest, sitric

ADMISSION HIV Test Result Question

MED-12 Does the client have the results of the HIV/AIDS test?

☐ 1 Yes
☒ 0 No
☐ -1 client declined to state
☐ -5 Clt unable to answer (DD or WM)

If MED-11 is "No" then MED-12 must be "No"

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CalOMS Misc Drugs
CalOMS Employment
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CalOMS Medical/Physical
CalOMS Mental Health Information
CalOMS Family/Social History
CalOMS Birth Status
CalOMS Community
CalOMS HIV Res

ADMISSION Mental Health Information

Alternative Answers:
Client declined to state: Enter -1
Unknown or Not sure/Don't know: Enter -2
None or not applicable: Enter -3
Other: Enter -4
Client unable to answer. (Use only for Developmentally Disabled or Detox Pts): Enter -5

MHD-1
Has the client ever been diagnosed with a mental illness?

☐ 1 Yes
☐ 0 No
☐ -2 Unknown/Not Sure

MHD-2
How many times in the past 30 days has the client received outpatient emergency services for mental health needs?

Answer 0 to 30 days or -5 Clt unable to answer (DD or 'WM).

MHD-3
How many days in the past 30 days has the client stayed for more than 24 hours in a hospital or psychiatric facility for mental health needs?

Answer 0 to 30 days or -5 Clt unable to answer (DD or 'WM).

If client is placed on a psychiatric hold for more than 24 hours or they are on a hold in the ER waiting for a bed and it has been more than 24 hours, this would count as a stay.

MHD-4
In the past 30 days, has the client taken prescribed medication for mental health needs?

☐ 1 Yes
☐ 0 No
☐ -5 Clt unable to answer (DD or 'WM)

Example: Client goes to ER and receives emergency or stabilization services at the ER but is not admitted to the hospital for psychiatric reasons.

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CalOMS HIV Resistant

ADMISSION Family and Social Information

Alternative Answers for Questions SOC-3, SOC-4, SOC-5, SOC-6, SOC-7, SOC-8:
Client declined to state: Enter -1
Client unable to answer. (Use only for DD or Withdrawal Management [WM]): Enter -5

SOC-1 How many days in the last 30 days has the client participated in any social support recovery activities? For example:
12-Step Meetings.
Other self help meetings.
Religious/fath recovery or self-help meetings.
Meetings of organizations other than those listed above.
Interactions with family member and/or friend support of recovery?
Answers can be: 0 to 30.

SOC-2 What is the client's current living arrangements?
If 00000 Homeless was selected in CID-8, 01 Homeless must be selected in SOC-2

☐ 01 Homeless
☐ 02 Dependent Living
☐ 03 Independent Living

Definition of Terms
Homeless: living in shelters, doubling up, living with others temporarily, motels due to lack of alternative, couch surfing, living in a vehicle, or living on the street
Dependent Living: clients living in a supervised setting such as residential institutions, prisons, jails, halfway houses, group homes, children under the age of 18 living with relatives or foster care. Sober living homes are included in this category if the county is paying for the client to stay in the sober living home.
Independent Living: clients who own their own home rent or live alone, or with their family or roommates, but do not require supervision. They contribute financially to the cost of their living arrangement. Clients living in a sober living paying their own rent would fall under this category as well.

SOC-3 How many days in the last 30 days has the client lived with someone who uses alcohol or drugs?
Answers: 0-30 or Alternative Answers -1 or -5.

SOC-4 How many days in the past 30 days has the client had serious conflicts with their family?
Answers: 0-30 or Alternative Answers -1 or -5.

SOC-5 How many children does the client have aged 17 or younger (birth or adopted) whether they live with the client or not?
Answers: 0-30 or Alternative Answers -5.

SOC-6 How many children does the client have aged 5 or younger?
Answers: 0-30 or Alternative Answers -5.

Answer entered in SOC-5, cannot be less than the answers to SOC-6, SOC-7, SOC-8

SOC-7 How many of the client's children are living with someone else because of a child protection court order?
Answers: 0-30 or Alternative Answers -5.

SOC-8 If the client has children living with someone else because of a child protection order, for how many of these children have the client's parental rights been terminated?
Answers: 0-30 or Alternative Answers -5.