

MACOMB COUNTY OFFICE OF SUBSTANCE ABUSE
 FOCUS - SUD/TEDS ADMISSION

Name: _____ **Case #:** _____ **Case:** _____
Date of Birth _____ **Home Phone** _____ **Current Admission** _____
Address _____ **Primary Affiliate:** _____
 _____ **Primary Program:** _____
 _____ **Case Holder:** _____
 _____ **Disability Designation:** _____

Consumer Information
Provider _____ **CIS Site License #** _____ **Admission Staff** [lookup](#)

Last Name _____ **First Name** _____ **Middle Name** _____ **Gender** Male Female **Date of Birth** _____
SSN _____ **Reason for missing SSN** Unknown Refused to Provide Not Applicable **Beneficiary Identifier** [lookup](#)
 _____ **Client CA Ref #** _____ **Linked Authorization(s)** _____

DATE OF REQUEST _____	Reason Admission Date is Outside 14 Days of First Contact (list other admission dates offered and reason refused) _____ _____ _____ characters left: 512 <input type="checkbox"/> Check here if the consumer requested that this admission occur 14 days after Date of First Contact
ADMISSION DATE _____	
ADMISSION TYPE <input checked="" type="radio"/> 1st ADMIT <input type="radio"/> READMIT	

DIAGNOSIS

ICD-9	ICD-10	Description	Status Date	Status
Pri			_____	_____
Sec			_____	_____
Ter			_____	_____
Quat			_____	_____

Diagnostic Formulation

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1. Co-Dependent

- Yes
- No

2. Service Category

- 11 - outpatient
- 21 - residential detox
- 22 - short term residential < 29 days
- 24 - long term residential 30+
- 31 - intensive outpatient
- 61 - case management

Additional Service Categories

Peer Recovery Coach

Recovery Home

3. Number of Prior SUD Treatments

4. Source of Referral

If Source of Referral is "Other", please describe here:

5. County of Residence

6. Race/Ethnic Origin

White

African American/Black

Native American

Refused to provide

Hispanic

Asian/Pacific Islander

Multi-racial

Arab American

Unknown

7. Ethnicity

Not One of the Listed Groups

Puerto Rican

Mexican

Cuban

Other Hispanic

Arab/Chaldean

8. Marital Status

Never Married

Married/Cohabiting

Widowed

Divorced

Separated

9. Military Service

Yes

No

10. Number of Years in School

11. Currently in Training/Education

In Training Program

Attending College

In Special Education

Not Applicable

12. Employment Status

Employed Full-Time

Employed Part-Time

Unemployed = laid off, fired, seasonal activity - actively sought work in last 30 days

Not in the Competitive Labor Force = Includes Homemaker, Student 18+ y/o, day program participant, resident or inmate of an institution, including nursing home

Not applicable (under 18)

Detailed Not in Labor Force

Homemaker

Student

Retired

Disabled

Inmate of Institution

Other

Not Actively Seeking Work

Not Applicable

13. Substance Abuse History

	Primary	Secondary	Tertiary
Drug Code	lookup <input type="text"/>	lookup <input type="text"/>	lookup <input type="text"/>
Most frequent route of administration in last 30 days.	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>
Age at First Use (98 = N/A)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Frequency of Use	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>
Initially a Prescription	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

14. Total Annual Income

(round to nearest dollar)

15. Number of Dependents (including client)

16. Corrections Status

- No Status with Corrections System
- In Prison
- In Jail
- Paroled from Prison
- Probation from Jail
- Juvenile Detention Center
- Court Supervision
- Awaiting Trial
- Awaiting Sentencing
- Refused to Provide Information
- Unknown

17. Arrest History

	# of times arrested in the last 30 days	# of times arrested in the last FIVE years
Total Arrests	<input type="text"/>	<input type="text"/>
Possession/Sale Arrests	<input type="text"/>	<input type="text"/>
DUI/DWI Arrests	<input type="text"/>	<input type="text"/>

18. Living Arrangements

- Independent
- Dependent
- Homeless

19. Is Methadone Part of Treatment at This Agency

- Yes
- No
- Buprenorphine

List Other MAT

20. Other Factors (Enter up to 3)

Factor 1:

Factor 2:

Factor 3:

21. Pregnant

Yes No

Due Date:

22. Time Waiting to Enter Treatment (in days)

Indication of Mental Health Issues

Yes No

Drug Court Client

Yes No

If Yes:

16th Circuit Drug Court

Other Drug Court:

Women's Specialty Program

Yes No

Number of children:

Trying to regain custody of any children

Yes No

Dependent Children

Yes No

Child Welfare Involvement

Yes No

Attendance at Self-Help Programs (in the last 30 days)

- None (00)
- 1 or 2 times a month (02)
- 1 or 2 times a week (06)
- 3-6 times a week (18)
- Daily (30)
- Not Applicable (98)

Injecting Drug Use In Past 30 Days?

Yes No

GAF Score

Comments

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On-going Services Appointment

Check here if consumer refused ongoing services

On-going Services Provider [lookup](#) [clear](#)

Other:

Date Offered

Time Offered

Date Accepted

Time Accepted

Consumer requested an appointment outside of 14 days of admission date:

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