MACOMB COUNTY OFFICE OF SUBSTANCE ABUSE

FOCUS - SUD/TEDS ADMISSION

Name:				Case #:		Case:	
Date of Birth	Но	me Phone		Current Admissio	'n		
Address			Primary Affiliate: Primary Program: Case Holder: Disability Designa				
Consumer Info	ormation						
Provider		CIS Site	License #		Admission Staff	lookup	
Last Name		First Nam	ne	Middle Name		Gender Male O Female	Date of Birth
SSN		Re	ason for missing	SSN		Beneficiary Identifie	lookup
					Not Applicab		
Client CA Ref	#					Linked Authorizatio	n(s)
DATE OF REG	QUEST			eason Admissi dmission dates	on Date is Outsid offered and reas	le 14 Days of First Contac on refused)	t (list other
ADMISSION D	DATE						~
ADMISSION T	VPF		_				\checkmark
ADIMIOCION		1st ADMIT READMIT r		naracters left: 512			(2)
				Check here if Date of First C		uested that this admission o	occur 14 days after
			• • •	DIAGNOS	IS		
ICD-9	ICD-10	Description	l		Status Date	Status	
Pri							
Sec							
Ter							
161							
Quat							
Diagnostic Form	nulation						
							^
abaraatara lafti A	1006						
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1. Co-Dependent

- ◯ Yes
- \bigcirc No

2. Service Category

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

Additonal Service Categories

Peer Recovery Coach		
Recovery Home		
3. Number of Prior SUD Treatm	nents	
4. Source of Referral		
×]	
If Source of Referral is "Other", p	lease describe here:	
5. County of Residence		
~		
6. Race/Ethnic Origin	<u> </u>	
O White	O Hispanic	
O African American/Black	Asian/Pacific Islander	
O Native American	O Multi-racial	
O Refused to provide	⊖ Arab American	
7 Ethnicity	OUnknown	9 Marital Status
7. Ethnicity O Not One of the Listed Groups	_	8. Marital Status Never Married
O Puerto Rican	3	Never Married Married/Cohabitating
O Mexican		
Other Hispanic		○ Separated
O Arab/Chaldean		Copulato
9. Military Service	10. Number of Y	lears in School
O Yes		
 No 		
11. Currently in Training/Educa	ation	
O In Training Program	O Attending College	
\bigcirc In Special Education	O Not Applicable	
12. Employment Status		
\bigcirc Employed Full-Time		
○ Employed Part-Time		
\bigcirc Unemployed = laid off, fired,	seasonal activity - actively sought wor	rk in last 30 days
including nursing home	Force = Includes Homemaker, Stude	nt 18+ y/o, day program participant, resident or inmate of an institution
\bigcirc Not applicable (under 18)		
Detailed Not in Labor Force		
Homemaker		
Student		
Retired		
Disabled		
O Inmate of Institution		
Other		
O Not Actively Seeking Work		
○ Not Applicable		

13. Substance Abuse History

	Primary	Secondary	Tertiary
Drug Code			
Most frequent route of administration in last 30 days.			
Age at First Use (98 = N/A)			
Frequency of Use	V		
Initially a Prescription	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A	○ Yes ○ No ○ N/A

14. Total Annual Income

(round to nearest dollar)

15. Number of Dependants (including client)

16. Corrections Status

No Status with Corrections System

O In Prison

 \bigcirc In Jail

 \bigcirc Paroled from Prison

O Probation from Jail

O Juvenile Detention Center

O Court Supervision

O Awaiting Trial

O Awaiting Sentencing

O Refused to Provide Information

OUnknown

17. Arrest History

	# of times arrested in the last 30 days	# of times arrested in the last FIVE years		
Total Arrests				
Possession/Sale Arrests				
DUI/DWI Arrests				

18. Living Arrangements

 \bigcirc Independent

Dependent

 \bigcirc Homeless

19. Is Methadone Part of Treatment at This Agency

 \bigcirc Yes

 $\bigcirc_{\rm No}$

OBuprenorphine

List Other MAT

20. Other Factors (Enter up to 3)

Factor 1:	\checkmark	
Factor 2:	\checkmark	
Factor 3:	\checkmark	

21. Pregnant

O 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)

O None (00)

- 1 or 2 times a month (02)
- 1 or 2 times a week (06)
- O 3-6 times a week (18)
- O Daily (30)

O Not Applicable (98)

Injecting Drug Use In Past 30 Days?

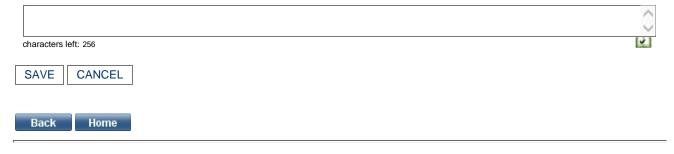
⊖Yes ⊖No

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:



PCE Care Management