Ohio Behavioral Health
Admission Form

<table>
<thead>
<tr>
<th>Unique Provider Number:</th>
<th>Provider Episode Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Last Name:</td>
</tr>
<tr>
<td>Date of First Contact:</td>
<td>Admission Date:</td>
</tr>
<tr>
<td>Unique Client Id:</td>
<td>Date of Birth (mm/dd/yyyy):</td>
</tr>
</tbody>
</table>

Level of care

- Pre-treatment
- Non-intensive Outpatient
- Intensive Outpatient
- Day Treatment
- Non-Medical Community Residential
- Medical Community Residential
- Ambulatory Detoxification
- Sub-Acute Detoxification
- Acute Detoxification
- No Treatment Recommended
- Not Applicable (MH Only)

Consistent with assessment (AOD Only)?
- Yes
- No

Education Enrollment

- K – 12th Grade
- GED Classes
- Vocational/Job Training
- College
- Other School; Adult Basic Ed., Literacy
- Not Enrolled
- Unknown
- Education Type (MH Only, K-12th Enrollment)
- Not Currently Enrolled as Student
- Not Behaviorally Handicapped
- Severe Behavioral Handicapped

Employment Status

- Full Time
- Part Time
- Unemployed but Actively Looking for Work
- Homemaker
- Student
- Volunteer Worker
- Retired
- Disabled
- Inmate in Jail/Prison/Corrections
- Engaged in Residential/Hospitalization
- Other not in Labor Force
- Unknown

Primary Source of Income/Support

- Wages/Salary Income
- Family/Relative
- Public Assistance
- Retirement/Pension
- Disability
- Other
- Unknown
- None

Primary Source of Income/Support

Living arrangements

- Independent Living (Own Home)
- Homeless
- Other’s Home
- Residential Care
- Respite Care
- Foster Care
- Crisis Care
- Temporary Housing
- Community Residence
- Nursing Facility
- License MR Facility
- State MH/MR Institution
- Hospital
- Correctional Facility
- Other
- Unknown

Special Populations (Select all that apply)

- Severely Mentally Disabled
- Alcohol/Other Drug Abuse
- Forensic Legal Status
- Mental Retardation/Developmentally Disabled
- Deaf/Hearing Impaired
- Blind/Sight Impaired
- Physically Disabled
- Speech Impaired
- Physical Abuse Victim
- Sexual Abuse Victim
- Domestic Violence Victim/Witness
- Child of Alcohol/Drug Abuser
- HIV/AIDS
- Suicidal
- Language barriers/English Second Language
- Hepatitis C
- Transgender
- Client Custody of (or placed by) ODJFS/Children’s Service

Revised 4/02/2010
### Additional Client Information (Female Only)

<table>
<thead>
<tr>
<th>Child Birth within the last 5 years?</th>
<th>Stage of pregnancy (if Client is Pregnant)</th>
<th>Military status (Check all that Apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] 1st Trimester</td>
<td>[ ] None</td>
</tr>
<tr>
<td>[ ] No</td>
<td>[ ] 2nd Trimester</td>
<td>[ ] Discharged</td>
</tr>
<tr>
<td>[ ] None</td>
<td>[ ] 3rd Trimester</td>
<td>[ ] Active duty</td>
</tr>
<tr>
<td>[ ] Unknown</td>
<td>[ ] Unknown</td>
<td>[ ] Disabled Veteran</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Number of Births (live and still)</th>
<th>Available Drug Choices</th>
<th>Frequency of Use</th>
<th>Route of Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Alcohol</td>
<td>No Use in the last Past Month</td>
<td>Oral</td>
</tr>
<tr>
<td>[ ]</td>
<td>Cocaine/Crack</td>
<td>1 – 3 Times in the Past Month</td>
<td>Smoking</td>
</tr>
<tr>
<td>[ ]</td>
<td>Marijuana/Hashish</td>
<td>1 – 2 Time in the Past Week</td>
<td>Inhalation</td>
</tr>
<tr>
<td>[ ]</td>
<td>Heroin</td>
<td>3 – 6 Time in the Past Week</td>
<td>Injection</td>
</tr>
<tr>
<td>[ ]</td>
<td>Non-prescription methadone</td>
<td>Daily</td>
<td>Other</td>
</tr>
<tr>
<td>[ ]</td>
<td>Other Opiates and Synthetic</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>[ ]</td>
<td>PCP</td>
<td></td>
<td></td>
</tr>
</tbody>
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<tr>
<th>Available Drug Choices</th>
<th>Frequency of Use</th>
<th>Route of Administration</th>
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<tbody>
<tr>
<td>Other Hallucinogens</td>
<td>No Use in the last Past Month</td>
<td>Oral</td>
</tr>
<tr>
<td>Other Non-Barbiturate Sedatives or Hypnotics</td>
<td>1 – 3 Times in the Past Month</td>
<td>Smoking</td>
</tr>
<tr>
<td>Inhalants</td>
<td>1 – 2 Time in the Past Week</td>
<td>Inhalation</td>
</tr>
<tr>
<td>Over-the-Counter Medications</td>
<td>3 – 6 Time in the Past Week</td>
<td>Injection</td>
</tr>
<tr>
<td>Nicotine</td>
<td>Daily</td>
<td>Other</td>
</tr>
<tr>
<td>Other Medications</td>
<td>Unknown</td>
<td>Unknown</td>
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<th>Route of Administration</th>
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<tr>
<td>Other Non-Barbiturate Tranquilizers</td>
<td>No Use in the last Past Month</td>
<td>Oral</td>
</tr>
<tr>
<td>None</td>
<td>1 – 3 Times in the Past Month</td>
<td>Smoking</td>
</tr>
<tr>
<td>Unknown</td>
<td>1 – 2 Time in the Past Week</td>
<td>Inhalation</td>
</tr>
<tr>
<td>Unknown</td>
<td>3 – 6 Time in the Past Week</td>
<td>Injection</td>
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<td>Unknown</td>
<td>Daily</td>
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<th>Frequency of Use</th>
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<tr>
<td>Barbiturates</td>
<td>No Use in the last Past Month</td>
<td>Oral</td>
</tr>
<tr>
<td></td>
<td>1 – 3 Times in the Past Month</td>
<td>Smoking</td>
</tr>
<tr>
<td></td>
<td>1 – 2 Time in the Past Week</td>
<td>Inhalation</td>
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<tr>
<td></td>
<td>3 – 6 Time in the Past Week</td>
<td>Injection</td>
</tr>
<tr>
<td></td>
<td>Daily</td>
<td>Other</td>
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### Available Drug Choices

- Alcohol
- Cocaine/Crack
- Marijuana/Hashish
- Heroin
- Non-prescription methadone
- Other Opiates and Synthetic
- PCP

### Primary Drug of Choice

#### Frequency of Use

- No Use in the last Past Month
- 1 – 3 Times in the Past Month
- 1 – 2 Time in the Past Week
- 3 – 6 Time in the Past Week
- Daily
- Unknown

#### Route of Administration

- Oral
- Smoking
- Inhalation
- Injection
- Other
- Unknown

#### Age of First Use

- [ ] Unknown

### Secondary Drug of Choice

#### Frequency of Use

- No Use in the last Past Month
- 1 – 3 Times in the Past Month
- 1 – 2 Time in the Past Week
- 3 – 6 Time in the Past Week
- Daily
- Unknown

#### Route of Administration

- Oral
- Smoking
- Inhalation
- Injection
- Other
- Unknown

#### Age of First Use

- [ ] Unknown

### Tertiary Drug of Choice

#### Frequency of Use

- No Use in the last Past Month
- 1 – 3 Times in the Past Month
- 1 – 2 Time in the Past Week
- 3 – 6 Time in the Past Week
- Daily
- Unknown

#### Route of Administration

- Oral
- Smoking
- Inhalation
- Injection
- Other
- Unknown

#### Age of First Use

- [ ] Unknown

### Number of Arrests in the Past 30 Days

- [ ] No
- [ ] Yes

### Primary Reimbursement

- Self-Pay
- Blue Cross/Blue Shield
- Medicare
- Medicaid
- Other Government Payments
- Worker’s Compensation
- Other Health Insurance Companies
- No Charge
- Other Payment Source

### Access and Retention Measures

#### STAR-SI Participant? Yes / No

#### HB484 Participant? Yes / No

#### Were children removed from home? Yes / No

#### 1st Date of Service: [ ]

### Type Of Client

- [ ] Adult TASC
- [ ] Juvenile TASC
- [ ] DYS

### TASC

- [ ] Adult TASC
- [ ] Unknown
- [ ] Federal Parolee
- [ ] ODRC Parolee
- [ ] DYS Parolee

### Women’s Program

- Involved in a Women’s Program? Yes / No
- At time of Admission was program at or above 90%? Yes / No
- Is there a waiting list? Yes / No
- Was interim services provider due to client being on waiting list? Yes / No

### Access and Retention Measures

#### Family Reunification

- Board Funded
- Medicaid/Indigent

#### Parolee

- Board Funded
- Medicaid/Indigent

### Revised 4/02/2010