

**CLIENT CHARACTERISTIC
DATA SUMMARY**

ASAIS ID:

Review: Assessment Intake Update

Last Name: _____ First Name: _____ MI: _____

Co-Dependent/Collateral: Yes No Principal Source of Referral:

Client Transaction Type: Admission Transfer/Change in Service Fund Code: SA OR

Problem Substances

	Type	Detail	Route	Frequency	Age of First Use
Primary					
Secondary					
Tertiary					

Employment Status: Hearing Status: Linguistic Status:

Living Arrangements: Pregnant at Time of Admission: N/A Yes No Veteran: Yes No

Co-Occurring Disorders Screen: Negative Positive Co-Occurring Disorders Assessment: Yes No

Co-Occurring: Yes No Unknown Opioid Replacement Therapy: Yes No Unknown

Number of Prior Treatment Episodes: Number of Arrests in 30 days Prior to Admission:

Financial Support: Health Insurance: Source of Payment:

DSM IV Diagnosis

	Axis I	Axis II	Axis III	Axis IV	Axis V
Primary					
Secondary					

Assessed Level of Care: Placed Level of Care: Date of Admission: ___/___/___

Reason for Difference:

- Disposition: Admitted to: _____ for assessed level of care
 Referred to _____ for assessed level of care
 Assessed level not available, referred to _____ for interim care
 No services available, referred to _____, _____, _____ and placed on waiting list(s) in ASAIS
 Refused further services. Client discharged.

Release of Information: An appropriate release for this information is on file for this client

Indigent Offender:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Women's Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Adolescent Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pardons and Paroles Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV Early Intervention Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Alabama Department of Mental Health
and Mental Retardation
Substance Abuse Division

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Co-Dependent/Collateral

Is the co-dependent/collateral a person who has no alcohol or drug abuse problem, but satisfies all of the following conditions:

- Is seeking services because of problems arising from his or her relationship with an alcohol or drug user.
- Has been formally admitted for service to a treatment unit.
- Has his or her own client record or has a record within a primary client record.

Principal Source of Referral

- 01 Self(Individual)
- 02 Parent
- 03 Physician
- 04 School System
- 05 Other Family/Relative
- 06 Friend
- 07 Spouse
- 08 DHR
- 09 Employer/EAP
- 10 Court/Correctional Agency
- 11 State/Federal Court
- 12 Formal Adjudication Process
- 13 Probation/Parole
- 14 Recognized Legal Entity
- 15 DUI/DWI
- 16 Diversionary Program/TASC
- 17 Prison
- 18 Other Criminal Justice
- 19 Police
- 20 Guardian
- 21 Other Community Referral
- 22 Education Agency
- 23 State/County Psychiatric Hospital
- 24 General Hospital Psychiatric Hospital
- 25 Other Inpatient Psychiatric Organization
- 26 Nursing Home, Extended Care Organization
- 27 Alcohol Treatment Inpatient/Residential
- 28 Drug Abuse Inpatient/Residential
- 29 Alcohol Treatment Not Inpatient
- 30 Drug Abuse Not Inpatient
- 31 Multi-service Mental Health Agency
- 32 Outpatient Psychiatric Service/Clinic
- 33 Private Psychiatrist

- 34 Other Physician
- 35 Other Private Mental Health Practitioner
- 36 Other Health Provider
- 37 Partial Day Organization
- 38 Shelter for Homeless
- 39 Shelter for Abused
- 40 Mental Retardation Regional Office
- 41 ARC
- 42 MR/DD 310 Organization
- 43 Vocational Rehabilitation Services
- 44 Personal-care/Boarding Home
- 45 Clergy
- 98 Other

Type of Substance

- A None
- B Alcohol
- C Cocaine/Crack
- D Marijuana/Hashish
- E Heroin
- F Non-Prescription Methadone
- G Other Opiates and Synthetics
- H PCP
- I Other Hallucinogens
- J Methamphetamine
- K Other Amphetmines
- L Other Stimulants
- M Benzodiazepines
- N Other Nonbenzodiazepine tranquilizers
- O Barbiturates
- P Other non-barbiturate sedatives or hypnotics
- Q Inhalants
- R Over-the-counter
- Y Other
- U Unknown

Detailed Drug Code

- 00 None
- 01 Alcohol
- 02 Crack
- 03 Other Cocaine
- 04 Marijuana/Hashish
- 05 Heroin/Morphine
- 06 Non-Prescription Methadone
- 07 Codeine
- 08 Propoxyphene (Darvon)

- 09 Oxycodone (Oxycontin)
- 10 Meperidine (Demerol)
- 11 Hydromorphone (Dilaudid)
- 12 Other Narcotic Analgesics
- 13 Pentazocine (Talwin)
- 14 PCP or PCP Combination
- 15 LSD
- 16 Other Hallucinogens
- 17 Methamphetamine/Speed
- 18 Amphetamine
- 19 Methylphenidate (Old-Recoded to 1202)
- 20 Other Stimulants
- 21 Alpraxolam (Xanax)
- 22 Chlordiaepoxide (Librium)
- 23 Clorazepate (Tranxene)
- 24 Diazepam (Valium)
- 25 Flurazepam (Dalmane)
- 26 Lorazepam (Ativan)
- 27 Triazolam (Halcion)
- 28 Other Benzodiazepines
- 29 Meprobamate (Miltown)
- 30 Other Tranquilizers
- 31 Phenobarbital
- 32 Secobarbital/Amobarbital (Tuinal)
- 33 Secobarbital (Seconal)
- 34 Ethchlorvynol (Placidyl)
- 35 Gluthethimide (Doriden)
- 36 Methaqualone
- 37 Other Non-Barbiturate Sedatives
- 38 Other Sedatives
- 39 Aerosols
- 40 Nitrites
- 41 Other Inhalants
- 42 Solvents
- 43 Anesthetics
- 44 Diphenylhydramine
- 45 Diphenylhydantoin/Phenytoin (Dilantin)
- 46 Prevention
- 47 Methylenedioxymethamphetamine (MDMA, Ecstasy)
- 48 Flunitrazepam (Rohypnol)
- 49 GHB/GBL (Gamma-Hydroxybutyrate, Gamma-butyrolactone)
- 50 Ketamine (Special K)
- 51 Clonazepam (Klonopin, Rivotril)
- 52 Hydrocodone (Vicodin)

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- 53 Tramadol (Ultram)
- 54 Methylphenidate (Ritalin)
- 98 Other Drugs

Usual Route of Administration

- 1 Oral
- 2 Smoking
- 3 Inhalation
- 4 Injection - IV
- 5 Injection - Intramuscular
- 8 Other

Frequency of Use

- 1 No use in the past month
- 2 1-3 times in the past month
- 3 1-2 times in the past week
- 4 3-6 times in the past week
- 5 Daily
- 8 Other

Employment Status

- A Full Time
- B Part Time
- C Unemployed/Looking for Work
- D Homemaker
- E Student
- F Retired
- G Disabled
- H Inmate or Other Institution
- I Not looking for work over the past 30 days
- S Supported Employment

Hearing Status

- 1 Hearing
- 2 Hard of Hearing
- 3 Deaf

Linguistic Status

- 1 English Proficiency
- 2 Limited English Proficiency
- 3 Low Literacy Level
- 4 Not Literate
- 5 Cognitive Disability
- 6 Other Disability

Living Arrangements:

- A Independent Living
- B Resides with Family
- C Homeless/Shelter
- D Jail or correctional facility
- E Other institutional setting (ex. nursing home)
- F Center operated/contracted residential program
- G Center subsidized housing
- H Alabama Housing Finance Authority housing
- I Other (ex. foster care, DYS group home)

Co-Occurring Disorders

Identify whether the client has received a screening and assessment for a psychiatric problem, as well as whether or not a problem was identified in addition to his or her alcohol or drug use problem.

Opioid Replacement Therapy

Identify whether the use of methadone or buprenorphine is part of the client's treatment plan.

Assessed and Placed Level of Care

- A Early Intervention
- B I - Outpatient
- C II.1 - Intensive Outpatient
- D II.5 - Partial Hospitalization
- E III.1 - Clinically Managed Low Intensity Residential Services
- F III.3 - Clinically Managed Medium Intensity Residential Services
- G III.5 - Clinically Managed High Intensity Residential Services
- H III.7 - Medically Monitored Intensive Inpatient Treatment
- I IV - Medically Managed Intensive Inpatient Treatment
- J I.0-D - Ambulatory Detoxification Without Extended On-Site Monitoring
- K II.0-D - Ambulatory Detoxification With Extended On-Site Monitoring
- L III.2-D - Clinically Managed Residential Detoxification
- M III.7-D - Medically Monitored Inpatient Detoxification
- N IV-D - Medically Managed Inpatient Detoxification
- O OMT - Opioid Maintenance Therapy

Financial Support

Identify the client's principal source of financial support. For children under 18, indicate the parent's primary source of income/support:

- 01 Wages/Salary
- 02 Public Assistance
- 03 Retirement/Pension
- 04 Disability
- 08 None
- 20 Other

Health Insurance

- 01 Private Insurance (other than Blue Cross/Blue Shield or an HMO)
- 02 Blue Cross/Blue Shield
- 03 Medicare
- 04 Medicaid
- 06 Health Maintenance Organization (HMO)
- 20 Other (e.g. Tricare, Champus)
- 21 None
- 97 Unknown

Source of Payment

- 0 No Charge (Free, Charity, Special Research or Teaching)
- 1 Worker's Compensation
- 2 Personal Resources (Self/Family)
- 3 Health Insurance Companies (Not BCBS)
- 4 Service Contract (EAP, HMO, public mental health authority)
- 5 Medicaid
- 6 Medicare
- 9 Other Government Payments
- 10 Blue Cross/Blue Shield
- 11 DMH