



**Santa Cruz County
Substance Abuse Program
CalOMS Assessment Form**

Confidential Patient Information (42 CFR)

Data Entry
Initials: _____

Client Name: _____
Last First Middle

Client #: _____ Facility: _____

Author Name/ #: _____

Admission Information

(1) Assessment Date: _____
(2) Event: Admission / Annual Update / Discharge
(3) Annual Update Date _____/_____/_____
(4) Information Source: _____

(5) Number of Prior Admissions: _____
(6) Days Waited to Enter Treatment: _____
(7) Consent For Future Contact: _____

Home and Family

Last 30 Days

(8) Number of Children 5 or Younger: _____
(9) Number of Children 17 or Younger: _____
(10) Number of Children in CPS Placement: _____
(11) Number of Children in CPS Placement and Parental Rights
Terminated: _____

(12) Days with Family Conflict: _____
(13) Days Living with Substance User: _____
(14) Days Participated in Social Support Recovery
Activities: _____

Cal Works

Disabilities

**Medication Prescribed as
part of DA Treatment**

(15) Participant is a CalWorks Recipient: _____
(16) CalWorks Plan Includes Substance Abuse Plan: **NO**

(24)
1. None
2. Visual
3. Hearing
4. Speech
5. Mobility
6. Mental
7. Developmentally Disabled
8. Other
9. Client Declined to State
10. Client unable to answer

(25)
1. None
2. Methadone
3. LAAM

Health

(17) MediCal Beneficiary: _____
(18) Diagnosed with Tuberculosis: _____
(19) Diagnosed with Hepatitis C: _____
(20) Diagnosed with Sexually Transmitted Disease: _____
(21) Has Been HIV/AIDS Tested: _____
(22) Received HIV/AIDS Results: _____
(23) Diagnosed with Mental Illness At Any Time: _____

In the Last 30 Days	Pregnancy
(26) Emergency Room Visits For Physical Health: _____ (27) Hospital Overnight Stays For Physical Health: _____ (28) Days with Physical Health Problem: _____ (29) Emergency Room Visits for Mental Health: _____ (30) Psychiatric Facility Stays (more than 24 hours): _____ (31) Prescribed Mental Health Medication Taken During Last 30 Days: _____	(32) Pregnant at Admission: _____ (33) Pregnant During Treatment: _____
Employment	Criminal Justice
(34) Number of Paid Work Days Last 30 Days: _____ (35) Enrolled in School: _____ (36) Enrolled in Job Training: _____ (37) Military Veteran: _____	(38) CDC Number: _____ <u>In Last 30 Days</u> (39) Number of Arrests: _____ (40) Number of Days in Jail _____ (41) Number of Days in Prison _____
Alcohol and Drug Use	<u>Programs</u>
Primary (45) Substance Used: _____ (46) Frequency of Use (30 Days): _____ (47) Route of Administration: _____ (48) Age of First Use: _____ Secondary (49) Substance Used: _____ (50) Frequency of Use (30Days): _____ (51) Route of Administration: _____ (52) Age of First Use: _____	(42) Parole Services Network (PSN): _____ (43) FOTP Parolee: _____ (44)FOTP Priority Status: _____ In Last 30 Days (53) Days Alcohol Consumed: _____ (54) Days Using IV Drugs: _____ (55) Used Needles in Past 12 Months: _____ (56) Special Services Contract County Code: _____ (57) Special Services Contract Number: _____