Questions? Call the ODMHSAS Helpdesk at 405-248-9326 or send an email to gethelp@odmhsas.org.

TRANSACTION TYPE: (En		•	63 Discharge/Moved 64 Discharge/Transferre			Pregnan		
23 Admission - All sections required; CAR/ASI/TASI depends on age/service 65 Discharg				carcerated			gnant nt without Family Care Plan with	
focus 27 First Contact - Only Section I is to be completed with Name, & Address 66 Discharge/Broke Rules 67 Discharge/AWOL						no inte		
40 Level of Care Change 68 Discharge/Death - Primary Referral 36						interest	ed	
42Treatment Extension/Outcome Update 70 Discharge/Due to Treatment Incompatibility							nt with Family Care Plan have a child in next year without	
60 Discharge/Completed Treatment 71 Discharge/Medical						Family	Care Plan with no interest	
61 Discharge/Completed Court T 62 Discharge/Left Against Couns			Parent's Discharge				have a child in next year without Care plan but interested	
SERVICE FOCUS:	11 - Other (R.C., Horr	eless/ 17 - M	IH Court/PACT	24 - Medicatio	on Clinic Only	6 - Want to	have child in the next year with	
01 - Mental Health	Housing Srvcs)	18 - IC	C/MHC	25 - To be det		Family	Care Plan	
02 - Substance Abuse 03 - Drug Court	12 - PACT 13 - Co-Occurring	20 - G	ambling ambling/Mental Health	26 - Mobile Ci 27 - Long Ter	m MH Inpatient	34 - Cor	npetency Treatment	
06 - Mental Health and Substance A	use 14 - SOC (Systems of Care) 21 - Gambling/Substance Abuse			30 - Non-DMH	30 - Non-DMHSAS/OHCA funded			
09 - Special Populations Treatment	16 - ICC		ICCT Team Mental Health ay School	31 - CALOCU 32 - Urgent R			Harmful Intent:	
REFERRAL: (Primary and	Secondary)			<u>-</u>			0: Not Applicable 1: Suicidal	
01 Self	28 Referral Due to U		scharge for 62 and 67	49 TANF/C			2: Homicidal * 3: Both *	
02 Significant Other 03 School	er 30 Shelter for Homeless 31 Additional Services Recommended, Referral not Attainable				50 Change in Eligibility Standards 51 Self Help Group (AA/NA/CA)			
04 Church/Clergy	32 Court 52 F				ent/Guardian			
05 Group Home 06 Employer, Union	34 Parole 60 Moderate I 35 Department of Public Safety 61 High Inten:							
08 Non-Psychiatric Hospital	36 Active Client-Died (Used with 68-Discharge only) 62 HH Opt Out							
09 VA System 10 Indian Health Service								
11 Department of Health 12 Department of Corrections	39 Change in Pay So 40 ODMHSAS/OHCA			65 Probatio	n - Dept. of Correc	ctions Super		
14 Department of Human Services 41 Non-ODMHSAS/OHCA funded Psychiatric Hospital 67 Probation - Community Sentencing Supervision								
18 Nursing Home 21 Private Psychiatrist/MH Prof	42 Non-ODMHSAS/C 43 Non-ODMHSAS/C				n - All Other Supe Referral: IV Drug L		r > 7 months	
22 Social Security	44 Non-ODMHSAS/C	HCA funded F	Residential Care Home		Referral: IV Drug L			
23 Attorney/Legal Aid 25 Law Enforcement			Alcohol/Drug Program Domestic Violence Facility	93 RESTX	Referral: Pregnant Referral: Pregnant	> 7 months		
26 Reachout Hot-Line/ Advertising M	1edia 47 Non-ODMHSAS/C	HCA funded C	Crisis/Stabilization Facility	95 RESTX	Referral: IV Drug L	Jser		
	48 Office of Juvenile	Affairs		96 RESTX	Referral: Adult/Ado	olescent		
LANGUAGE 0 - English PROFICIENCY: 1 - Spanish	2 - Native North Ar 3 - German	nerican (specif	fy) 4 - French 5 - Vietnamese		hinese Iavic (Russian, Po	lish etc.)	8 - Sign Language 9 - Other (specify)	
	- Not Guilty by Reason of Ins	anity (NGRI)	12 - Emergency Detention				* (Co. Not Required)*	
01 - Voluntary Admission* 07	- Juvenile Court Order		13 - Continued Emerger		20 - Crimina	al Hold (CR-	H) - OFC Only	
03 - Civil Inpatient Commitment 09 - Court Order for Observation/Evaluation 15 - Court Referred 21 - Court Commit with Hold (CC-H) - OFC Only 23 - Civil Outpatient Treatment								
PRESENTING PROBLEM: 371 Sexual Assault by Acquaintance/Intimate Partner Suicidal/Self-Abusive								
100 Other-Non-Behavioral Health	Problem		dical Treatment	timoto Dortnor	650 Suicidal/Se	elf-Abusive	Drohlomo	
Physical 110 Speech/Hearing			Assault by Acquaintance/Ir Medical Treatment	iumale Partner	710 Alcohol Ab		Problems	
120 Physical 130 Medical/Somatic					711 Alcohol Dependency 720 Drug/Other Abuse			
						her Dependency		
			Social Performance Deficit 450 Social Performance Deficit			730 Abuse of <u>Both</u> Alcohol & Drug(s) 731 Dependency on <u>Both</u> Alcohol & Drug(s)		
230 Social				ce 741 At Risk for Relapse (Alcohol)			cohol)	
240 Physical <u>Abuse Victim</u>	240 Physical 500 Emotional Maladjustmer Abuse Victim 501 Depression			ance 742 At Risk for Relapse (Drugs) 743 At Risk for Relapse (Both)				
311 Sexual Incest-Received Medic		502 Anxiety/	502 Anxiety/Panic			745 Dependent Child of an Alcohol Abuse Client		
312 Sexual Incest-No Medical Trea 314 History of Sexual Incest	503 Eating Disorder Thought Disorder/Disturbance			746 Dependent Child of a Drug Abuse Client 747 Dependent Child of <u>Both</u> Alcohol/Drug Abuse Client				
321 Exploitation/Neglect-Received	510 Perceptual Problems			748 Co-Dependent of an Alcohol Abuse Client				
322 Exploitation/Neglect-No Medica 331 Psychological-Received Medic	520 Disorientation 530 Other Psychotic Symptoms			749 Co-Dependent of a Drug Abuse Client 750 Co-Dependent of <u>Both</u> Alcohol/Drug Abuse Client				
332 Psychological-No Medical Treatment Be			Behavioral Disturbance			751 Family Member or Significant Other of a SA Client		
341 Physical-Received Medical Tre 342 Physical-No Medical Treatmen		610 Homicid 620 Assaultiv			Gambling 760 Pathologica	al Gambling		
344 History of Physical Abuse 351 Family/Dependent of Abuse Vi			c Abuse Perpetrator		761 Problem G	ambling	Problem Compling	
Treatment			nent with Criminal Justice	System	762 Relative of	person with	Problem Gambling	
352 Family/Dependent of Abuse Vi 361 Sexual Assault by Stranger-Re		632 Runawa	y Behavior n Deficit/Hyperactivity Disc	rder	DISABILITY	INDICAT	ORS:	
362 Sexual Assault by Stranger-No		634 Oppositi	onal Defiant Disorder		01 None 02 Semi-Ambu	llatorv		
364 History of Sexual Abuse		635 Posttrau	matic Stress Disorder		03 Non-Ambula	atory		
	6 Barbiturates 7 Other Sedatives/Hyppotics	12 Inhalar			04 Severe Sigh 05 Blind	IL DISADIIIty		
	7 Other Sedatives/Hypnotics 8 Amphetamines	14 Tranqu	he-Counter 19 Benzodia uilizers 20 Other Stir				nication Disability	
	09 Cocaine 15 PCP 21 Club Drug 10 Marijuana/Hashish 16 Other 22 Fentanyl				07 Chronic Health Problem 08 Mental Retardation/Developmental Disability			
	1 Other Hallucinogens	17 Unkno			09 Hard of Hea 10 Deaf	aring		
USUAL ROUTE OF ADMINISTRATION: 1 - Oral 2 - Smoking 3 - Inhalation 4 - Injection 5 - Other 11 Interpreter for the Deaf (Must 09 or 10)								
FREQUENCY OF USE: 1 - No Past Month Use 2 - 1-3 Times/Month 3 - 1-2 Times/Week 4 - 3-6 Times/Week 5 - Daily								
	I - Residential Treatment		munity Living/Halfway Hou		HA - Inpatie			
C	0 - Outpatient	SC - Com	munity-Based Structured	Orisis	SN - Detox			