

ODMHASAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

This form is for adults (18+) only.

SECTION I	Agency: <input type="text"/>	Date of Transaction (MMDDYYYY): <input type="text"/>	Transaction Time (0000-2359): <input type="text"/>
	Member ID: <input type="text"/>	Date of Birth (MMDDYYYY): <input type="text"/>	Transaction Type:* (Contacts: 21,27,23,40) <input type="text"/> (41,42, 60,61,62,63,64,65,66,67,68,69,70,71,72)
			Service Focus*: <input type="text"/> Harmful Intent*: <input type="text"/>

RACE: (1=Yes for all that apply; Blank=No) White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Other Pac. Islander <input type="checkbox"/> Asian <input type="checkbox"/> Email Address: _____ ETHNICITY: Hispanic/Latino (1=Yes; 2=No) <input type="checkbox"/>	GENDER: (F=Female; M=Male) <input type="checkbox"/> Alert Information: Trauma Score <input type="text"/> ACE Score <input type="text"/>	SCREENS: (1=Yes; 2=No; 3=NA) Mental Health Screen <input type="text"/> Substance Abuse Screen <input type="text"/> Trauma Screen <input type="text"/> Gambling Screen <input type="text"/>	PRIMARY REFERRAL:* <input type="text"/> AGENCY #: <input type="text"/> SECONDARY REFERRAL:* <input type="text"/> AGENCY #: <input type="text"/> COUNTY OF RESIDENCE: (01-77 or Other State Initials) <input type="text"/> ZIP CODE: (99999 for Homeless-Streets) <input type="text"/> - <input type="text"/>
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SECTION II & III CURRENT RESIDENCE: A. Permanent Housing <input type="checkbox"/> F. RC Facility/Group Home <input type="checkbox"/> B. Perm Sup Hous-Non-Cong <input type="checkbox"/> G. Nursing Home <input type="checkbox"/> C. Perm Sup Hous-Cong <input type="checkbox"/> H. Institutional Setting <input type="checkbox"/> D. Transitional Housing <input type="checkbox"/> I. Homeless-Shelter <input type="checkbox"/> E. Temporary Housing <input type="checkbox"/> J. Homeless-Streets <input type="checkbox"/> Is customer in PRISON/JAIL?: (If 1, Residence must=H) <input type="checkbox"/> 1. Prison 2. No 3. Jail LIVING SITUATION: <input type="checkbox"/> CHRONIC HOMELESSNESS: <input type="checkbox"/> 1. Alone <input type="checkbox"/> (1=Yes; 2=No) 2. With Family/Relatives <input type="checkbox"/> 3. With Non-Related Persons <input type="checkbox"/> EMPLOYMENT: <input type="checkbox"/> 1. Full-time (35+ hrs.) 3. Unemployed (looking for work in last 30 days) 2. Part-time (<35 hrs.) 4. Not in Labor Force = (A-F below) TYPE OF EMPLOYMENT/ Not in Labor Force: <input type="checkbox"/> 1. Competitive A. Homemaker 2. Supported B. Student 3. Volunteer C. Retired 4. None D. Disabled 5. Transitional E. Inmate 6. Sheltered Workshop F. Other Is customer currently in SCHOOL?: (1=Yes; 2=No) <input type="checkbox"/> EDUCATION: (Highest Grade Completed or Current Grade 00-25) (00-Less Than 1 Grade Completed, GED = 12) <input type="text"/> MILITARY STATUS: (A=Client-Currently Active; B=Client-Previously Active; C=Client-National Guard/Reserve; D=Family Member-Currently Active; E=Family Member-Previously Active; F=Family Member-National Guard/Reserve; G=None) <input type="text"/> MARITAL STATUS: <input type="checkbox"/> 1. Never Married 3. Divorced 5. Living as Married 2. Married 4. Widowed 6. Separated Is customer PREGNANT?* <input type="checkbox"/> If Yes enter expected DOB, blank if No <input type="text"/> (MMDDYYYY) ANNUAL INCOME: \$ <input type="text"/> Number contributing to and/or dependent upon <input type="text"/> "Annual Income" above: (01-15) SSI: <input type="checkbox"/> (1=Yes; 2=No) SSDI: <input type="checkbox"/>	LANGUAGE PROFICIENCY: <input type="checkbox"/> What language is preferred?: (0-9) Does customer speak English well?: (1=Yes; 2=No) <input type="checkbox"/> DISABILITY: (01-11 or Blank) <input type="text"/> LEGAL STATUS:* <input type="text"/> County of Commitment: <input type="text"/> (01,03,05,07,09,12,13,15,17,20,21) (If Legal Status = 01 or 17, County of Commitment not required) TOBACCO USE: Times tobacco used on a typical day (00-99) <input type="text"/> <table border="1" style="width: 100%; text-align: center;"> <tr> <th></th> <th>Primary</th> <th>Secondary</th> <th>Tertiary</th> </tr> <tr> <td>PRESENTING PROBLEM:*</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Drugs of Choice: (01-21)*</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Usual Route of Administration:*</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Frequency of Use in Last 30 days:*</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Age First Used: (00-99)</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> LEVEL OF CARE: (CI, CL, HA, OO, SC, or SN)* <input type="text"/> CAR: (Mental Health) (01-50) Feeling Mood <input type="text"/> Thinking <input type="text"/> Substance Use <input type="text"/> Medical/Physical <input type="text"/> Family <input type="text"/> Interpersonal <input type="text"/> Role Performance <input type="text"/> Socio-Legal <input type="text"/> Self Care/Basic Needs <input type="text"/> ASI: (Substance Abuse) (0-9) Medical <input type="text"/> Employ/Support <input type="text"/> Alcohol Use <input type="text"/> Drug Use <input type="text"/> Legal Status <input type="text"/> Family/Social Rel. <input type="text"/> Psychiatric Status <input type="text"/>		Primary	Secondary	Tertiary	PRESENTING PROBLEM:*	<input type="text"/>	<input type="text"/>	<input type="text"/>	Drugs of Choice: (01-21)*	<input type="text"/>	<input type="text"/>	<input type="text"/>	Usual Route of Administration:*	<input type="text"/>	<input type="text"/>	<input type="text"/>	Frequency of Use in Last 30 days:*	<input type="text"/>	<input type="text"/>	<input type="text"/>	Age First Used: (00-99)	<input type="text"/>	<input type="text"/>	<input type="text"/>	SMI: (1=Yes; 2=No) <input type="checkbox"/> (For customer 18 and older) In the <u>past 30 days</u> , how many <u>times</u> has the customer been <u>arrested</u> , or since admission if less than 30 days ago? (00-99) <input type="text"/> In the <u>past 12 months</u> , how many <u>times</u> has the customer been <u>arrested</u> , or since admission if less than 12 months ago? (00-99) <input type="text"/> In the <u>past 30 days</u> , how many <u>times</u> has the customer <u>attended self-help/support groups</u> , or since admission if less than 30 days ago? (00-99) <input type="text"/> FAMILY ID, DOC # or DHS Case Number: <input type="text"/> CLINICIAN OF RECORD (NPI): <input type="text"/> <p style="text-align: center;">This form is for adults (18+) only.</p>
	Primary	Secondary	Tertiary																							
PRESENTING PROBLEM:*	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
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Age First Used: (00-99)	<input type="text"/>	<input type="text"/>	<input type="text"/>																							

LEGAL NAME: Last: <input type="text"/>	Maiden: <input type="text"/>	First: <input type="text"/>	Middle: <input type="text"/>
ADDRESS: (1) <input type="text"/>	(2) <input type="text"/>	CITY: <input type="text"/>	STATE: <input type="text"/>