



DELAWARE DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

CONSUMER REPORTING FORM ADMISSION REPORT

LAST NAME _____

FIRST NAME _____ M.I. _____

- MODALITY (SELECT ONLY ONE) [] MH MENTAL HEALTH [] AD ALCOHOL / DRUG [] DU Co-Occurring (MH & AD) [] GA GAMBLING

STREET _____

CITY _____ STATE _____

ZIP _____ COUNTY _____

HOME TELEPHONE (____) _____

TREATMENT UNIT NAME _____

TREATMENT UNIT ID # _____

DSAMH ADMISSION DATE LEAVE BLANK UNTIL ADMISSION

BIRTHDATE _____

MCI # 0 0 0

S.S.# _____

MEDICARE _____

Main form body containing sections: GENDER, RACIAL IDENTIFICATION, RESIDENTIAL ARRANGEMENT, EDUCATION, CURRENT LEGAL INVOLVEMENT, CONSUMER'S PRIMARY SOURCE OF INCOME, MARITAL STATUS, PRI. HEALTH INSURANCE, SUBSTANCE ABUSE - DESIGNATED CODES, CURRENTLY PREGNANT, ALERT INFORMATION.

DATE OF FIRST CONTACT					
		/		/	

TREATMENT UNIT ID #

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MCI #

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ALCOHOL & DRUG USE MATRIX	PRIMARY	SECONDARY	TERTIARY	FREQUENCY OF USE
SUBSTANCE TYPE				N NO USE IN PAST MONTH I INFREQUENT (1-3 TIMES PAST MONTH)
FREQUENCY OF USE				O OFTEN (1-2 TIMES PER WEEK) F FREQUENTLY (3-6 TIMES PER WEEK)
ROUTE OF ADMINISTRATION				D DAILY M MORE THAN TWICE DAILY
AGE OF FIRST USE				U UNKNOWN

SUBSTANCE TYPE CODES TO USE IN BOX ABOVE

AL ALCOHOL	MD NON-PRESCRIPTION METHADONE	LS LSD
CO COCAINE	BA BARBITURATES	HA OTHER HALLUCINOGENS
CR CRACK	SE OTHER SEDATIVES OR HYPNOTICS	IN INHALANTS
ME METHAMPHETAMINE	BE BENZODIAZEPINE	ST STEROIDS
AM OTHER AMPHETAMINES	TR MAJOR TRANQUILIZERS	OC OVER-THE-COUNTER DRUGS
OS OTHER STIMULANTS	CS COUGH SYRUPS AND MIXTURES	O OTHER
HE HEROIN	MA MARIJUANA/HASHISH	N NONE
OP OTHER OPIATES & SYNTHETICS	PC PCP	U UNKNOWN

ROUTE OF ADMINISTRATION

M BY MOUTH (SWALLOW)
S SMOKE
B BREATHE/INHALE/SNORT
V INTRAVENOUS
I OTHER INJECTION
O OTHER
N NONE
U UNKNOWN

ADMISSION TYPE
(LEAVE BLANK UNTIL ADMITTED)

V VOLUNTARY
 C CIVIL ORDER
 J JUDICIAL (COURT ORDER)
 U UNKNOWN
 N NONE

SOURCE/AGENCY CODE

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T TRANSFERRED
 R REFERRED
 S SELF-REFERRED
 U UNKNOWN

LEAVE BLANK UNTIL ADMITTED

PRESENTING PROBLEM
(SEE INSTRUCTIONS FOR CODES)

PRIMARY

SECONDARY

TERTIARY

PREVIOUS TX FOR MH

Y Yes U UNKNOWN
 N No

SOCIAL SUPPORT/CONNECTEDNESS (SUPPORT GROUPS- NA, AA, ETC.)

Y Yes
 N No
 U UNKNOWN

EXPECTED SOURCE OF PAYMENT

D DSAMH
 I INDIVIDUAL/FAMILY
 B BLUE CROSS/ SHIELD
 H HMO
 P OTHER PRIVATE INSURANCE
 M MEDICARE (TITLE XVIII)
 A MEDICAID (TITLE XIX)
 E MEDICAID MCO
 V VETERANS ADMINISTRATION
 C CHAMPUS
 W WORKERS' COMPENSATION
 G OTHER GOV'T FUNDS
 S SENTAC
 O OTHER
 N NONE/PROVIDER ABSORBS
 U UNKNOWN

PREVIOUS TX FOR ALC. & DRUGS

Y Yes U UNKNOWN
 N No

PRIMARY THERAPIST ID

PERSON COMPLETING FORM ID

DATE OF COMPLETION