



DELAWARE DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

CONSUMER REPORTING FORM ADMISSION REPORT

PAGE 1 OF 2

LAST NAME

FIRST NAME M.I.

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

STREET

CITY STATE

ZIP COUNTY

HOME TELEPHONE

TREATMENT UNIT ID #

TREATMENT UNIT NAME

Grid for Treatment Unit ID #

ADMISSION DATE LEAVE BLANK UNTIL ADMISSION

BIRTHDATE

Grid for Birthdate

MCI #

Grid for MCI #

S.S.#

Grid for S.S.#

MEDICARE

Grid for Medicare

Table with 4 columns: GENDER, RESIDENTIAL ARRANGEMENT, EDUCATION, CURRENT LEGAL INVOLVEMENT

GENDER, RACIAL IDENTIFICATION CHECK ONE, PA ASIAN, PA PLUS OTHER RACE/S, U UNKNOWN, Z NOT COLLECTED

RESIDENTIAL ARRANGEMENT: PU PRIVATE RESIDENCE - UNSUPERVISED, PS PRIVATE RESIDENCE - SUPERVISED, FC ADULT FOSTER CARE, BH BOARDING HOUSE, GU GROUP SETTING/ UNSUPERVISED, GS GROUP SETTING/ SUPERVISED, NH NURSING HOME/ ICF/SNF, CJ CORRECTIONS FACILITY/JAIL, O OTHER INSTITUTION, I OTHER, N NONE/HOMELESS, U UNKNOWN

EDUCATION: WRITE IN HIGHEST GRADE COMPLETED, 01-12 ELEMENTARY/ HIGH SCHOOL, 13-16 COLLEGE/ POST SECONDARY, 17 MASTERS, 18 PHD/MD, 19 POST DOCTORAL, 96 NEVER COMPLETED ANY GRADE HIGHER THAN PRE-SCHOOL OR KINDERGARTEN, 97 UNKNOWN

CURRENT LEGAL INVOLVEMENT: CP CHARGES PENDING, SP CONVICTED - SENTENCE PENDING, UP SENTENCED - UNSUPERVISED PROBATION (SENTAC I), FS SENTENCED - FIELD SUPERVISION (SENTAC II), IS SENTENCED - INTENSE SUPERVISION (SENTAC III), QI SENTENCED - QUASI-INCARCERATION (SENTAC IV), CJ SENTENCED - PRISON/CORRECTIONS/JAIL (SENTAC V), HX HISTORY OF LEGAL INVOLVEMENT BUT NOT CURRENT, N NO CURRENT INVOLVEMENT OR HISTORY, U UNKNOWN

HISPANIC/LATINO: P PUERTO RICAN, M MEXICAN, C CUBAN, O OTHER HISPANIC, N NOT OF HISPANIC ORIGIN, U UNKNOWN

VETERAN STATUS: Y YES, N NO, U UNKNOWN

SKILLS TRAINING PARTICIPATION: C CURRENT INVOLVEMENT, N NONE, U UNKNOWN

CONSUMER'S PRIMARY SOURCE OF INCOME: SS SOCIAL SECURITY, SI SSI, SD SSDI, VD VA - DISABILITY, VR VA - RETIREMENT, UI UNEMPLOYMENT INSURANCE, IL ILLEGAL EMPLOYMENT, S SPOUSE, F FAMILY/FRIENDS, A TANF, G GENERAL ASSISTANCE, P PENSION/RETIREMENT (IRA, KEOGH, SEP), W WORKERS' COMPENSATION, D PRIVATE DISABILITY INSURANCE, I INVESTMENTS/SAVINGS, O OTHER, N NONE, U UNKNOWN

MARITAL STATUS: M MARRIED, S SINGLE, D DIVORCED, X SEPARATED, W WIDOWED, U UNKNOWN

PRI. HEALTH INSURANCE: M MEDICARE, A MEDICAID, E MEDICAID MCO, C CHAMPUS, B BLUE CROSS/ BLUE SHIELD, V VA, H HMO, G OTHER GOVERNMENT FUNDS FOR CARE, P OTHER PRIVATE COMMERCIAL, O OTHER, N NONE, U UNKNOWN

SCHOOL PARTICIPATION: C CURRENT INVOLVEMENT, N NONE, U UNKNOWN

CONSUMER'S GROSS INCOME PER YEAR, ON CONSUMER'S INCOME, WRITE IN NUMBER (01 - 20), \$, 97 UNKNOWN

PRIMARY LANGUAGE: E ENGLISH, S SPANISH, M SIGN (MANUAL), O OTHER, U UNKNOWN

PRIMARY EMPLOYMENT: F FULL TIME, P PART TIME, M MILITARY ARMED FORCES, L UNEMPLOYED - LOOKING FOR WORK, N UNEMPLOYED - NOT LOOKING, D DISABLED/UNABLE TO WORK, H HOMEMAKER, S STUDENT, R RETIRED, I INMATE/RESIDENT OF INSTITUTION, V VOLUNTEER, O OTHER, U UNKNOWN

SUBSTANCE ABUSE - DESIGNATED CODES ONLY DSM IV DIAGNOSIS, AXIS 1: CLINICAL DISORDERS, SEE DSM IV MANUAL

SECONDARY EMPLOYMENT: P PART TIME, M MILITARY, S STUDENT, V VOLUNTEER, O OTHER, N NONE, U UNKNOWN

CURRENTLY PREGNANT: Y YES, N NO, U UNKNOWN, ALERT INFORMATION - (S = SELF REPORT, C = CLINICIAN REPORT) - MARK ALL THAT APPLY, BUT ONLY ONE PER ITEM, S [] C [] TB ACTIVE, S [] C [] TB HISTORY, S [] C [] HISTORY OF SUBSTANCE ABUSE, S [] C [] HISTORY OF MENTAL ILLNESS, S [] C [] PSYCHIATRIC DISABILITY, S [] C [] NONE

DATE OF FIRST CONTACT					

TREATMENT UNIT ID #

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MCI #

0	0	0				
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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

PREVIOUS TX FOR MH
 Y Yes U UNKNOWN
 N No

PREVIOUS TX FOR ALC. & DRUGS
 Y Yes U UNKNOWN
 N No

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

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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

PRIMARY THERAPIST

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PERSON COMPLETING FORM

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ID

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DATE OF COMPLETION

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DATE OF LAST TREATMENT

		/			/		
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DISCHARGE DATE

		/			/		
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TREATMENT UNIT ID #

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MCI #

0	0	0					
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<p>CURRENTLY PREGNANT</p> <p><input type="checkbox"/> Y YES</p> <p><input type="checkbox"/> N NO</p> <p><input type="checkbox"/> U UNKNOWN</p>		<p>INJECTION DRUG USE EVER</p> <p><input type="checkbox"/> Y YES</p> <p><input type="checkbox"/> N NO</p> <p><input type="checkbox"/> U UNKNOWN</p>		<p>ALERT INFORMATION - (S = SELF REPORT, C = CLINICIAN REPORT) - MARK ALL THAT APPLY, BUT ONLY ONE PER ITEM</p> <p>S <input type="checkbox"/> C <input type="checkbox"/> TB ACTIVE</p> <p>S <input type="checkbox"/> C <input type="checkbox"/> TB HISTORY</p> <p>S <input type="checkbox"/> C <input type="checkbox"/> HISTORY OF SUBSTANCE ABUSE</p> <p>S <input type="checkbox"/> C <input type="checkbox"/> HISTORY OF MENTAL ILLNESS</p> <p>S <input type="checkbox"/> C <input type="checkbox"/> NONE</p>			<p>DISCHARGE REASON</p> <p><input type="checkbox"/> G PROGRAM COMPLETED HERE - ALL GOALS</p> <p><input type="checkbox"/> S PROGRAM COMPLETED HERE - SOME GOALS</p> <p><input type="checkbox"/> E ELIGIBILITY LAPSED</p> <p><input type="checkbox"/> D CONSUMER DIED</p> <p><input type="checkbox"/> F FAILED TO MEET CRITERIA</p> <p><input type="checkbox"/> A ADMIN. DISCONTINUATION/ LOST CONTACT</p> <p><input type="checkbox"/> C CORRECTION/JAIL</p> <p><input type="checkbox"/> R REFUSED SERVICE</p> <p><input type="checkbox"/> T TX CONT. OTHER PROGRAM</p> <p><input type="checkbox"/> O OTHER</p> <p><input type="checkbox"/> U UNKNOWN</p>						
ALCOHOL & DRUG USE MATRIX		PRIMARY	SECONDARY	TERTIARY	FREQUENCY OF USE								
SUBSTANCE TYPE					N NO USE IN PAST MONTH								
FREQUENCY OF USE					I INFREQUENT (1-3 TIMES PAST MONTH)								
ROUTE OF ADMINISTRATION					O OFTEN (1-2 TIMES PER WEEK)								
AGE OF FIRST USE					F FREQUENTLY (3-6 TIMES PER WEEK)								
SUBSTANCE TYPE CODES TO USE IN BOX ABOVE				ROUTE OF ADMINISTRATION									
AL ALCOHOL		MD NON-PRESCRIPTION METHADONE		LS LSD		M BY MOUTH (SWALLOW)							
CO COCAINE		BA BARBITURATES		HA OTHER HALLUCINOGENS		S SMOKE							
CR CRACK		SE OTHER SEDATIVES OR HYPNOTICS		IN INHALANTS		B BREATHE/INHALE/SNORT							
ME METHAMPHETAMINE		BE BENZODIAZEPINE		ST STEROIDS		V INTRAVENOUS							
AM OTHER AMPHETAMINES		TR MAJOR TRANQUILIZERS		OC OVER-THE-COUNTER DRUGS		I OTHER INJECTION							
OS OTHER STIMULANTS		CS COUGH SYRUPS AND MIXTURES		O OTHER		O OTHER							
HE HEROIN		MA MARIJUANA/HASHISH		N NONE		N NONE							
OP OTHER OPIATES & SYNTHETICS		PC PCP		U UNKNOWN		U UNKNOWN							
				<p>DRUG DEPENDENCE REDUCED</p> <p><input type="checkbox"/> Y Yes <input type="checkbox"/> U UNKNOWN</p> <p><input type="checkbox"/> N No</p> <p><input type="checkbox"/> X NOT APPLICABLE</p>									
				<p>PRIMARY DESTIN./AGENCY CODE</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p><input type="checkbox"/> T TRANSFERRED</p> <p><input type="checkbox"/> R REFERRED</p> <p><input type="checkbox"/> A ADVISED FURTHER SERVICE</p> <p><input type="checkbox"/> N NO MORE SERVICES ADVISED</p> <p><input type="checkbox"/> U UNKNOWN</p>									
				<p>SECOND. DESTIN./AGENCY CODE</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p><input type="checkbox"/> T TRANSFERRED</p> <p><input type="checkbox"/> R REFERRED</p> <p><input type="checkbox"/> A ADVISED FURTHER SERVICE</p> <p><input type="checkbox"/> N NO MORE SERVICES ADVISED</p> <p><input type="checkbox"/> U UNKNOWN</p>									
				<p>TERTIARY DESTIN./AGENCY CODE</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p><input type="checkbox"/> T TRANSFERRED</p> <p><input type="checkbox"/> R REFERRED</p> <p><input type="checkbox"/> A ADVISED FURTHER SERVICE</p> <p><input type="checkbox"/> N NO MORE SERVICES ADVISED</p> <p><input type="checkbox"/> U UNKNOWN</p>									

PRIMARY THERAPIST ID

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PERSON COMPLETING FORM ID

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DATE OF COMPLETION

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DELAWARE DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
CONSUMER REPORTING FORM — PSYCHIATRIC DIAGNOSIS

Consumer's Name _____
Last First M.I.

MCI #

0	0	0							
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TREATMENT UNIT ID #

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Axis I: Clinical Disorders **Check One (Axis I or II) to Indicate PRIMARY DIAGNOSIS**
Code

--	--	--	--	--	--

 [] _____
Code

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 [] _____
Code

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 [] _____

Axis II: Personality Disorders/Mental Retardation
Code

--	--	--	--	--	--

 [] _____
Code

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 [] _____
Code

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 [] _____

Axis III: General Medical Conditions ICD-9-CM Name
Code

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Code

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Code

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Code

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Code

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Axis IV: Psychosocial and Environmental Problems
Check:
 Problems with primary support group (Specify) _____
 Problems related to the social environment (Specify) _____
 Educational problems (Specify) _____
 Occupational problems (Specify) _____
 Housing problems (Specify) _____
 Economic problems (Specify) _____
 Problems with access to health care services (Specify) _____
 Problems related to interaction with the legal system/crime (Specify) _____
 Other psychosocial and environmental problems (Specify) _____

Axis V: Global Assessment of Functioning Scale Score

--	--	--

Time Frame (Circle One: Current Last Month Last Quarter Last Year Other _____)

Print Name - Physician Formulating/Confirming Diagnosis _____

--	--	--	--	--	--

Staff ID

--	--	--	--	--	--

DATE

Signature _____



DELAWARE DIVISION OF SUBSTANCE ABUSE
AND MENTAL HEALTH

CONSUMER REPORTING FORM
DETOX DISCHARGE REPORT

PAGE 1 OF 1

ADMISSION DATE				

DATE OF FIRST TREATMENT				

DATE OF LAST TREATMENT				

DISCHARGE DATE				

TREATMENT UNIT NAME _____

TREATMENT UNIT ID # _____

LAST NAME _____

MCI #

0	0	0							
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FIRST NAME _____ M.I. _____

SUBSTANCE ABUSE - DSM IV DIAGNOSIS (DESIGNATED CODES ONLY)

AXIS 1: CLINICAL DISORDERS

CODE	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						_____
CODE	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						_____
CODE	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						_____

SEE DSM IV MANUAL

USE THESE CODES IN THE AXIS I BOXES ABOVE

AD / SA Diagnostic Codes

DSM IV, Axis I Clinical Codes

	INTOXICATION	WITHDRAWAL	ABUSE	DEPENDENCE
ALCOHOL	303.00	291.81	305.00	303.90
AMPHETAMINE	292.89	292.0	305.70	304.40
CANNABIS	292.89	--	305.20	304.30
COCAINE	292.89	292.0	305.60	304.20
HALLUCINOGEN	292.89	--	305.30	304.50
INHALANT	292.89	--	305.90	304.60
OPIOID	292.89	292.0	305.50	304.00
PHENCYCLIDINE	292.89	--	305.90	304.90
SEDATIVE, HYPNOTIC & ANXIOLYTIC	292.89	292.0	305.40	304.10
POLYSUBSTANCE	--	292.0	--	304.80
OTHER (UNKNOWN)	292.89	292.0	305.90	304.90

PERSON COMPLETING FORM _____ ID

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DATE OF COMPLETION

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DISCHARGE REASON

- G PROGRAM COMPLETED HERE - ALL GOALS
- S PROGRAM COMPLETED HERE - SOME GOALS
- E ELIGIBILITY LAPSED
- D CONSUMER DIED
- F FAILED TO MEET CRITERIA
- A ADMIN. DISCONTINUATION/ LOST CONTACT
- C CORRECTION/JAIL
- R REFUSED SERVICE
- T TX CONT. OTHER PROGRAM
- O OTHER
- U UNKNOWN

FUNCTIONING IMPROVED

- Y Yes U UNKNOWN
- N No

DRUG DEPENDENCE REDUCED

- Y Yes U UNKNOWN
- N No
- X NOT APPLICABLE

PRIMARY DESTIN./AGENCY CODE

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- T TRANSFERRED
- R REFERRED
- A ADVISED FURTHER SERVICE
- N NO MORE SERVICES ADVISED
- U UNKNOWN

SECOND. DESTIN./AGENCY CODE

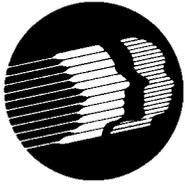
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- T TRANSFERRED
- R REFERRED
- A ADVISED FURTHER SERVICE
- N NO MORE SERVICES ADVISED
- U UNKNOWN

TERTIARY DESTIN./AGENCY CODE

--	--	--	--	--

- T TRANSFERRED
- R REFERRED
- A ADVISED FURTHER SERVICE
- N NO MORE SERVICES ADVISED
- U UNKNOWN



DELAWARE DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

CONSUMER REPORTING FORM INTRA-AGENCY TRANSFER REPORT

PAGE 1 OF 1

LAST NAME _____

FIRST NAME _____ M.I. _____

PRIOR TREATMENT UNIT NAME _____

PRIOR TREATMENT UNIT ID #

Grid for Prior Treatment Unit ID #

TRANSFER DATE grid

NEW TREATMENT UNIT NAME _____

NEW TREATMENT UNIT ID #

Grid for New Treatment Unit ID #

MCI #

MCI # grid: 0 0 0

REASON FOR TRANSFER

- [] FUNDING CHANGE (e.g. OBTAINED/LOST HEALTH INSURANCE)
[] LOC - LEVEL OF CARE CHANGE (HIGHER LEVEL OF CARE)
[] LOC - LEVEL OF CARE CHANGE (LOWER LEVEL OF CARE)
[] RELOCATION (GEOGRAPHICAL MOVE)

DISCHARGE REASON

- [] G PROGRAM COMPLETED HERE - ALL GOALS
[] S PROGRAM COMPLETED HERE - SOME GOALS
[] T TX. CONTINUED IN OTHER PROGRAM

MODALITY

- [] MH MENTAL HEALTH
[] AD ALCOHOL/DRUG
[] DU CO-OCCURRING (MH & AD)

SOFTWARE DEVELOPMENT INSTRUCTIONS

- WHEN CREATING ADMISSION DATE, ADD A DAY
• BOTH "SOURCE / AGENCY CODE" AND "PRIMARY DESTINATION / AGENCY CODE" WILL BE "T" TRANSFERRED
• PULL "MOST RECENT" INFORMATION FOR BOTH ADMISSION AND DISCHARGE RECORDS, FROM THE EPISODE, OR SERVICE TABLE, AS APPROPRIATE
• FOR USE BY AUTOMATED AGENCIES ONLY - DO NOT USE IF PAPER ADMISSION AND DISCHARGE CRF FORMS ARE USED, OR IF YOUR AGENCY IS USING THE CIM SOFTWARE

PERSON COMPLETING FORM

ID

ID grid

DATE OF COMPLETION

DATE OF COMPLETION grid