Identifier Type:*

☐ GOSH ☐ Shares ☐ Heartland
☐ Medicaid ☐ SSN ☐ Unknown
☐ MACSIS

OBHIS Client ID Number:*

First Name:*

Last Name:*

Date of Birth:* (mm/dd/yyyy)

Gender:* ☐ Female ☐ Male ☐ Unknown

Race:*

☐ Alaska Native
☐ American Indian
☐ Asian
☐ Black/African American
☐ Pacific Islander
☐ White
☐ Other Single Race
☐ Two or More Races
☐ Unknown

Ethnicity:*

☐ Cuban
☐ Hispanic-Specific Origin not Given
☐ Mexican
☐ Not of Hispanic Origin
☐ Puerto Rican
☐ Other Specific Hispanic
☐ Unknown

☐ If required, a signed release for this information has been obtained* (**Note: You may need to obtain a signed release for this information to be able to create an admission record, please verify with your legal team.)**

Admission Type* ☐ AOD Only ☐ MH Only ☐ AOD/MH

Date of First Contact* (mm/dd/yyyy)

Date of Admission* (mm/dd/yyyy)

Marital Status*

☐ Divorced
☐ Married (Living Together as Married)
☐ Separated
☐ Single (Never Married)
☐ Widowed
☐ Unknown

Highest Education Level Completed*

☐ < 1st Grade
☐ 1st Grade
☐ 2nd Grade
☐ 3rd Grade
☐ 4th Grade
☐ 5th Grade
☐ 6th Grade
☐ 7th Grade
☐ 8th Grade
☐ 9th Grade
☐ 10th Grade
☐ 11th Grade
☐ High School Diploma/GED
☐ Technical School
☐ Some College
☐ 2 Yr. College/Assoc. Degree
☐ 4 Yr. College/Bach. Degree
☐ Graduate. Degree
☐ Unknown

Current Educational Enrollment*

☐ Pre-School
☐ K – 12th Grade
☐ GED Classes
☐ College
☐ Other Schooling (e.g., Adult Basic Ed., Literacy)
☐ Vocation/Job Training
☐ Has not attended school at any time the last three months
☐ Unknown

Education Type (If K-12 Selected)*

☐ Has Individual Education Plan (IEP)
☐ Does Not Have Individual Education Plan (IEP)
☐ Unknown

Primary Reimbursement*

☐ Blue Cross
☐ Medicaid
☐ Medicare
☐ No Charge
☐ Other Government Payments
☐ Other Health Ins. Company
☐ Other Paym Source
☐ Self-Pay
☐ Worker's Compensation
☐ Unknown

Employment at Admission*

☐ Full Time
☐ Part Time
☐ Sheltered
☐ Unemployed but actively looking for work

Not in Labor Force

☐ Disabled
☐ Engaged in Residential/Hospitalization
☐ Homemaker
☐ Inmate in Jail/Prison/Corrections
☐ Retired
☐ Student
☐ Volunteer Worker
☐ Other Not in Labor Force
☐ Unknown

Primary Source of Income/Support*

☐ Disability (SSI/SSD, WC)
☐ Family/Relative
☐ Public Assistance
☐ Retirement/Pension
☐ Wages/Salary
☐ None
☐ Other
☐ Unknown

Living Arrangements at Admission*

- ☐ Private Residence - Adult
- ☐ Private Residence - Child
- ☐ Permanent Supportive Housing
- ☐ Residential Care/Group Home/ACF
- ☐ Community Residence
- ☐ Temporary Housing
- ☐ Foster Care
- ☐ DD Licensed/Operated Facility
- ☐ Correctional Facility
- ☐ Homeless
- ☐ Other
- ☐ Unknown

Does the Client Use Tobacco Products?*

☐ Yes ☐ No ☐ Unknown

Military Status*

☐ Active ☐ Disabled Veteran
☐ Discharged ☐ None

Referred By*

- ☐ Individual (self referral/family/friend)
- ☐ AOD Care Provider
- ☐ Mental Health Provider
- ☐ Other Health Provider
- ☐ School
- ☐ Employer/EAP
- ☐ Child Welfare (CDJFS, CSBS)
- ☐ Ohio Family & Children First Council
- ☐ Other Community Provider
- ☐ State Psychiatric Hospital
- ☐ State Prison
- ☐ Jail
- ☐ Courts/Other Criminal Justice
- ☐ TASC: Courts/CJ - Felony
- ☐ TASC: Courts/CJ - Juvenile
- ☐ TASC: Courts/CJ – Municipal
- ☐ Unknown

Number of Arrests in Past 30 Days*

Client County of Residence*

Assessment and Referral Only*

No ☐ AOD ☐ MH ☐ AOD/MH ☐

Paying Entity/Board*

Provider Client Number

Childbirth in the last 5 years?†

☐ Yes ☐ No

Is the Client Currently Pregnant?†

☐ Yes ☐ No

Lifetime Number of Births (live and still)†

99 = Unknown

Stage of Pregnancy†

- ☐ 1st Trimester
- ☐ 2nd Trimester
- ☐ 3rd Trimester
- ☐ Unknown

Number of Children in Household under 18*

99 = Unknown

†Required if client is female
***Required for all clients**

SPECIAL POPULATIONS* (Must choose at least one or No Special Population)

- ☐ SMD/SED
- ☐ Early Childhood Risk for SED
- ☐ Forensic/Legal Status
- ☐ Sexual Offender
- ☐ Suicidal
- ☐ Military Family/Dependent
- ☐ In Custody of Children's Services
- ☐ Alcohol/Other Drug Use
- ☐ Language Barriers/English as a Second Language
- ☐ Deaf or Hearing Impaired
- ☐ Developmental Disability
- ☐ Physically Disabled
- ☐ Blind or Visually Impaired
- ☐ Speech Impaired
- ☐ HIV/AIDS
- ☐ Hepatitis C
- ☐ Traumatic Brain Injury
- ☐ Physical Abuse Victim
- ☐ Sexual Abuse Victim
- ☐ Domestic Violence Victim/Witness
- ☐ Child of Alcohol/Drug User
- ☐ Non-Conforming Gender Identity
- ☐ Gay/Lesbian/Bisexual
- ☐ Multiple Service System Involvement
- ☐ **NO SPECIAL POPULATION**

Mental Health Admission Fields

Diagnostic Code Type* (must select one) ☐ IDC-10 Codes ☐ DSM-5 Codes

*Primary Diagnostic Code**	*Secondary Diagnostic Code*	*Tertiary Diagnostic Code*

Care Setting* (must select one) ☐ Community ☐ Jail/Prison ☐ Type 1 Bed Residential

Alcohol and Other Drug Admission Fields

Diagnostic Code Type* (must select one) ☐ IDC-10 Codes ☐ DSM-5 Codes

Primary Diagnostic Code*	***Secondary Diagnostic Code***	***Tertiary Diagnostic Code***

Level of Care*

- ☐ Early Intervention
- ☐ Outpatient
- ☐ Intensive Outpatient
- ☐ Partial Hospitalization
- ☐ Clinically Managed Low-intensity Residential
- ☐ Clinically Managed Population-specific High-intensity Residential
- ☐ Clinically managed High-intensity Residential
- ☐ Medically Monitored Intensive Inpatient
- ☐ Medically Managed Intensive Inpatient
- ☐ No Treatment Recommended
- ☐ Assessment Only

LOC Consistent with Assessment?*

☐ Yes ☐ No

If NO, select reason below:

- ☐ Agency Financial Constraints
- ☐ Appropriate LOC Not Available
- ☐ Undue Client Hardship
- ☐ Other Specify:

Mental Health History*

☐ Yes ☐ No

Medication Assisted Therapy*

- ☐ Alcohol Addiction
- ☐ Nicotine Addiction
- ☐ Opiate/Opioid Addiction
- ☐ None

Prior AOD Treatment Episodes*

- ☐ 0 Previous Episodes
- ☐ 1 Previous Episodes
- ☐ 2 Previous Episodes
- ☐ 3 Previous Episodes
- ☐ 4 Previous Episodes
- ☐ 5 or More Previous Episodes
- ☐ 6 Unknown

Social Connectedness

Frequency of Attendance at Self-help Programs in the 30 Days Prior to Admission

- ☐ 1-3 times in the past month (less than once per week)
- ☐ 4-7 times in the past month (about once per week)
- ☐ 8-15 times in the past month (2 or 3 times per week)
- ☐ 16-30 times in the past month (4 or more times per week)
- ☐ Some attendance in the past month, but frequency unknown
- ☐ No attendance in the past month
- ☐ Unknown

DRUG OF CHOICE

Available Drug Choices

Alcohol	Methamphetamines	Other Non-Benzodiazepine Tranquilizers
Barbiturates	Nicotine	Other Opiates and Synthetics
Benzodiazepines	Non-prescription Methadone	Other Stimulants
Cocaine/Crack	Other Amphetamines	Over-the-Counter Medications
Heroin	Other Hallucinogens	PCP
Inhalants	Other Medications	
Marijuana/Hashish	Other Non-Barbiturate Sedative/Hypnotics	

☐ Unknown

Primary Drug of Choice

Age of First Use
(Age of first intoxication when Alcohol drug choice)

Frequency of Use

- ☐ No Use in Last Month
- ☐ 1 – 3 Times in Past Month
- ☐ 1 – 2 Times in Past Week
- ☐ 3 – 6 Times in Past Week
- ☐ Daily
- ☐ Unknown

Route of Administration

- ☐ Inhalation
- ☐ Injection
- ☐ Oral
- ☐ Other
- ☐ Smoking
- ☐ Unknown

Secondary Drug of Choice

Frequency of Use

- ☐ No Use in Last Month
- ☐ 1 – 3 Times in Past Month
- ☐ 1 – 2 Times in Past Week

Route of Administration

- ☐ Inhalation
- ☐ Injection
- ☐ Oral

Age of First Use (Age of first intoxication when Alcohol drug choice)		☐ 3 – 6 Times in Past Week ☐ Daily ☐ Unknown	☐ Other ☐ Smoking ☐ Unknown
Tertiary Drug of Choice		**Frequency of Use** ☐ No Use in Last Month ☐ 1 – 3 Times in Past Month ☐ 1 – 2 Times in Past Week ☐ 3 – 6 Times in Past Week ☐ Daily ☐ Unknown	**Route of Administration** ☐ Inhalation ☐ Injection ☐ Oral ☐ Other ☐ Smoking ☐ Unknown
Age of First Use (Age of first intoxication when Alcohol drug choice)			