Thurston-Mason BH-ASO

Withdrawal Management Admission Form

Securely Email to: [iprequest@tmbho.org](mailto:iprequest@tmbho.org)

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| **Client Demographics** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency Name:** | | | | | | | | | | | | | | | | | | | | | | | | | **Social Security Number:** | | | | | | | | | |
| **Legal Last Name:** | | | | | | | | | | | | **Legal First Name:** | | | | | | | | | | | | | | | | **Legal Middle Name:** | | | | | | |
| **Sex:** *(differs from “Gender” data element)*  Male  Unknown  Female | | | | | | | | | | | | **Date of Birth:** | | | | | | | | | | | | | | | | | | | | | | |
| **First Contact Date:** *(MM/DD/YYYY)* | | | | | | | | | | | | | | | | | **First Contact Time:** *(Hour : Minutes)*  AM  PM | | | | | | | | | | | | | | | | | |
| **First Offered Appointment:** *(MM/DD/YYYY)* | | | | | | | | | | | | | | | | | **First Accepted Appointment:** *(MM/DD/YYYY)* | | | | | | | | | | | | | | | | | |
| **Admission Date:** *(MM/DD/YYYY)* | | | | | | | | **Admission Time:** *(Hour : Minutes)*        AM  PM | | | | | | | | | | | | **Type of Admission:**  First Admission  Readmit | | | | | | | | | | | | | | |
| **Referral Type (Source):**  (01) Self/Family  (02) SUD Provider  (03) Other Healthcare Provider | | | | | | | | | (04) School  (05) Employer/EAP  (06) Other Community Referral | | | | | | | | | | | | | | | | | (07) Court/Criminal Justice/DUI/DWI  (97) Unknown  (98) Not collected | | | | | | | | |
| **CLIENT PROFILE FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address Line 1:** | | | | | | | | | | | | | | **Address Line 2:** | | | | | | | | | | | | | | | | | | **City:** | | |
| **County:** | | | **State:** | | | | | | | **Zip Code:** | | | | | | | | | | | **Facility Address:**  Yes  No | | | | | | | | | | | | | |
| **Home Phone:** | | | | | | | | | | | | **Work Phone:** | | | | | | | | | | | | | | | **Mobile Phone:** | | | | | | | |
| **Communication Preference:**  Work Phone  Home Phone  Do Not Contact  Cell Phone  Regular Mail | | | | | | | | | | | | | | | | **Medication Assisted Opioid Treatment:**  (Y) Yes  (N) No  Not applicable  Unknown  Not collected | | | | | | | | | | | | | | | | | | |
| **FEMALE ONLY – Pregnant or Parenting Child Under Age 18 Years Old?**  (Y) Yes  (N) No  Refused  Unknown | | | | | | | | | | | | | **If Pregnant,**  **Due Date:** | | | | | | | | | **Used Needle Recently (Last 30 days):**  Yes  No | | | | | | | | | **Enrolled in Drug Court:**  (Y) Yes  (N) No | | | |
| **SUBSTANCE USE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Treated For Substance Abuse Problem In The Past?:**  (Y) Yes  (N) No | | | | | **🡨 If “Yes”, document Location and Dates of Treatment:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Anyone In Your Family Have A Substance Abuse Problem?:**  (Y) Yes  (N) No | | | | | **🡨 If “Yes”, comment or N/A:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DIAGNOSIS (Primary Requiring Withdrawal Management)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ICD-10**  F | | | | **Description** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Overall ASAM Level:** | | | | | | | | | | | | | | | | | | | **Placement ASAM Level (If Different):** | | | | | | | | | | | | | | | |
| **Placement Override Justification if Applicable:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FINANCIAL ELIGIBILITY INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Guarantor ID:**  Non-Medicaid  Non-Medicaid & Medicaid  Medicaid | | | | | | | | | | | | | | | | | | **ProviderOne ID (Subscriber Policy #):** *(Format NNNNNNNNNWA)*       WA | | | | | | | | | | | | | | | | |
| **Income Source:**  Wages/Salary  Public Assistance  Retirement/Pension  Disability  Other  None  Not collected | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **SUBSTANCE USE - KEY CODES USED BELOW** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Frequency of Use/Peak Use** | | | | | | | | | | | | | | | | | **Method** | | | | | | | | | | | | | | | | | |
| **Code** | | | | | | | **Definition** | | | | | | | | | | **Code** | | | | | | | | | | | | | **Definition** | | | | |
| 1 | | | | | | | No Use | | | | | | | | | | 1 | | | | | | | | | | | | | Inhalation | | | | |
| 2 | | | | | | | 1-3 Times In A Month | | | | | | | | | | 2 | | | | | | | | | | | | | Injection | | | | |
| 3 | | | | | | | 4-12 Times In A Month | | | | | | | | | | 3 | | | | | | | | | | | | | Oral | | | | |
| 4 | | | | | | | 13 or More Times In A Month | | | | | | | | | | 4 | | | | | | | | | | | | | Other | | | | |
| 5 | | | | | | | Daily | | | | | | | | | | 5 | | | | | | | | | | | | | Smoking | | | | |
| 6 | | | | | | | Not Applicable | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Substances** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Code** | **Definition** | | | | | | | | | | | | | | | | **Code** | | | | | | **Definition** | | | | | | | | | | | |
| 1 | None | | | | | | | | | | | | | | | | 12 | | | | | | Benzodiazepine | | | | | | | | | | | |
| 2 | Alcohol | | | | | | | | | | | | | | | | 13 | | | | | | Other non-Benzodiazepine Tranquilizers | | | | | | | | | | | |
| 3 | Cocaine/Crack | | | | | | | | | | | | | | | | 14 | | | | | | Barbiturates | | | | | | | | | | | |
| 4 | Marijuana/Hashish | | | | | | | | | | | | | | | | 15 | | | | | | Other Non-Barbiturate Sedatives or Hypnotics | | | | | | | | | | | |
| 5 | Heroin | | | | | | | | | | | | | | | | 16 | | | | | | Inhalants | | | | | | | | | | | |
| 6 | Other Opiates And Synthetics | | | | | | | | | | | | | | | | 17 | | | | | | Over-The-Counter | | | | | | | | | | | |
| 7 | PCP-phencyclidine | | | | | | | | | | | | | | | | 18 | | | | | | Oxycodone | | | | | | | | | | | |
| 8 | Other Hallucinogens | | | | | | | | | | | | | | | | 19 | | | | | | Hydromorphone | | | | | | | | | | | |
| 9 | Methamphetamine | | | | | | | | | | | | | | | | 20 | | | | | | MDMA (ecstasy, Molly, etc) | | | | | | | | | | | |
| 10 | Other Amphetamines | | | | | | | | | | | | | | | | 21 | | | | | | Other | | | | | | | | | | | |
| 11 | Other Stimulants | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | |
| **Report History of Specific Substance Use With the Above Key Codes Ranked in Relative Importance**  **as provided by the client and determined by the counselor.**  If there is no secondary or tertiary Substance, then report “None (1)” for Substance Code and leave the remaining fields blank. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Substance (Code)** | | | | **Age at First** | | | | | **Method (Code)** | | | | **Date Last Used** | | | | | | | | | **Use Amount** | | | | | **Frequency of Use (Code) Last 30 Days** | | | | **Peak Use (Code)** | |
| **Primary (1)** | |  | | | |  | | | | |  | | | |  | | | | | | | | |  | | | | |  | | | |  | |
| **Secondary (2)** | |  | | | |  | | | | |  | | | |  | | | | | | | | |  | | | | |  | | | |  | |
| **Tertiary (3)** | |  | | | |  | | | | |  | | | |  | | | | | | | | |  | | | | |  | | | |  | |

Completed By       Date