Thurston-Mason BH-ASO

Withdrawal Management Admission Form

Securely Email to: 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