

SMART ADMISSION

CLIENT PROFILE

First Name _____ Last Name _____

Gender: Male Female DOB _____ SSN _____ Client ID _____ Zip Code _____

Race: White Alaskan Native
 Black American Indian
 Asian or Other
Pacific Islander

Ethnicity: Puerto Rican Hispanic
 Mexican Not Hispanic
 Cuban Other

Highest Grade Completed _____
For grades 1-12 enter the number
13 Some College
14 Earned College AA/Associates
15 Earned BA/BS
16 Some Post College/Graduate School

H.S. Diploma:
 Earned GED
 Earned HS Diploma
 No GED No HS Diploma

Veterans Status

- Never in Military
- On Active Duty
- Veteran
- Veteran – In Combat 0-6 months ago
- Veteran – In Combat 6-12 months ago
- Veteran – In Combat more than 12 months ago.

Explanation for Veterans Status.

When asking about a client's veterans status please select from the list documented here on the form only.

INTAKE

Intake Facility: _____ Case Assigned to Staff: _____

County of Residence: _____ *Intake Date:* _____ (If different from today's date)

Currently Pregnant: Yes No Unknown *Injection Drug User:* Yes No Denies

Presenting Problem (In Client's own words) _____

Source of Referral:

- | | |
|---|---|
| <input type="checkbox"/> Aids Administration | <input type="checkbox"/> Other Criminal Justice |
| <input type="checkbox"/> Alcohol and Drug Abuse Admin. | <input type="checkbox"/> Other Health Care Provider |
| <input type="checkbox"/> Alcohol/Drug Abuse Care Provider | <input type="checkbox"/> Parent/Guardian/Family |
| <input type="checkbox"/> Defense Attorney | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Drug Court | <input type="checkbox"/> Poison Control Agency |
| <input type="checkbox"/> DSS/TCA (Temporary Cash Asst.) | <input type="checkbox"/> Pre-Trial Services Agency |
| <input type="checkbox"/> DWI/DUI Referral | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Employer/EAP | <input type="checkbox"/> School |
| <input type="checkbox"/> Individual/Self Referral | <input type="checkbox"/> State Prison |
| <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Student Assistant Program |
| <input type="checkbox"/> Local Detention | <input type="checkbox"/> TASC-Other Diversionary programs |
| <input type="checkbox"/> Other Attorney | <input type="checkbox"/> DHMH (HG-8505) |
| <input type="checkbox"/> Other Criminal Justice Referral | <input type="checkbox"/> DHMH (HG-507) |

ADMISSION

Client Type: Primary Non-Primary Interim Methadone Est. Duration of Treatment (Days) _____

Admission Type: First Admission Readmission

Event Type: Admission Crisis Intervention Placement Screening **Admission Date:** _____

Admission Staff: _____

of Prior SA TX Admissions: _____ **Mental Health Problem:** No Yes Unknown

Was Client in Treatment at anytime During the:

Past 12 Months: Yes No
Past 30 Days: Yes No

Days waiting to enter treatment: _____

Treatment Setting

- Community
- Local Detention
- State DOC

Treatment Service

(choose all that apply)

- Buprenorphine
- Counseling/Therapy
- Gender Specific – Men
- Gender Specific – Women
- Mental Health and Sub. Abs.

Current Educational Activities

- | | | |
|---------------------|-----------------------------|------------------------------|
| K-12 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| GED Program | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Vocational Training | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Higher Education | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Employment Status

- | | |
|---|--|
| <input type="checkbox"/> Attending School Full Time | <input type="checkbox"/> Incarcerated |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Other, Out of Work Force |
| <input type="checkbox"/> Employed Full Time (35 hours or more) | <input type="checkbox"/> Retired/Permanently Out of Work |
| <input type="checkbox"/> Employed Part Time in steady employment | <input type="checkbox"/> Unemployed, Full Time Student |
| <input type="checkbox"/> Homemaker Full Time | <input type="checkbox"/> Unemployed, not seeking work |
| <input type="checkbox"/> In Skill Development, Training or School | <input type="checkbox"/> Unemployed, seeking work |

Annual Household Income

- \$ 0 - 999
- \$ 1,000 - 4,999
- \$ 5,000 - 9,999
- \$10,000 - 19,999
- \$20,000 - 29,999
- \$30,000 - 39,999
- \$40,000 - 49,999
- \$50,000 - 59,999
- Unknown

Primary Income Source

- Disability
- Other
- Public Assistance/TCA
- Retirement/Pension
- Self-Employment
- Unemployment Compensation
- Unknown
- Wages/Salary

Expected Payment Source

- ADAA (State Funding)
- DHMH Managed Care/Health Choice
- Medicaid Other than Health Choice
- Medicare
- Non-Managed Private Insurance
- Other
- Other Public Funds
- Out of Pocket Payment
- Private Managed Care/HMO

Insurance Type:

- DHMH Medicaid Managed Care (Health Choice)
- Medicaid (Other than Health Choice)
- Medicare
- No Health Insurance
- Non-Managed Private Insurance
- Other Public Funds
- Private Managed Care (HMO)

Living Situation

- | | |
|---|--|
| <input type="checkbox"/> Child/Adolescent Foster Care | <input type="checkbox"/> Jail/Prison/Detention Facility |
| <input type="checkbox"/> Dependent Living | <input type="checkbox"/> Private Residence |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Residential Substance Abuse Treatment |
| <input type="checkbox"/> Halfway House, | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Hospital, Nursing Home | <input type="checkbox"/> Sober Living Facility |
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> Street/Outdoors |

Marital Status

- Common Law/Domestic Partner
- Divorced
- Married
- Never Married
- Separated
- Unknown
- Widowed

Number of Dependent Children: _____

To complete the Substance Matrix of SMART please use the Substance Matrix Chart on the following page

Substance Matrix Chart to be Used to Indicate Substance Use at Admission and at Discharge

Substance	1=substance most used or abused		2=substance two		3=substance three					
Severity	0=Not a problem (discharge only)		1=Mild Problem		2=Moderate Problem		3=Severe Problem			
Frequency	0=No use past month		1=1-3 times past month		2=1-2 times past week		3=3-6 times per week		4=Once Daily	
Route	5=2-3 times daily		6=More than 3 times daily		7=Unknown (Discharge Only)					
Route	1= Oral		2=Smoking		3=Inhalation		4=Injection		5=Other	
Rating	Substance					Severity	Freq.	Route	Age/Use	
	Alcohol									
	Amphetamines - Amphetamine									
	Amphetamines - Methamphetamine (Speed)									
	Amphetamines - Methylenedioxymethamphetamine (MDMA, Ecstasy)									
	Amphetamines - Other									
	Barbiturates - Phenobarbital (Solfoton)									
	Barbiturates - Secobarbital (Seconal)									
	Barbiturates - Secobarbital/Amobarbital (Tuinal)									
	Barbiturates - Other									
	Benzodiazepines - Alprazolam (Xanax)									
	Benzodiazepines - Chlordiazepoxide (Librium)									
	Benzodiazepines - Clonazepam (Klonopin, Rivotril)									
	Benzodiazepines - Clorazepate (Tranxene)									
	Benzodiazepines - Diazepam (Valium)									
	Benzodiazepines - Flunitrazepam (Rohypnol)									
	Benzodiazepines - Flurazepam (Dalmene)									
	Benzodiazepines - Lorazepam (Ativan)									
	Benzodiazepines - Triazolam (Halcion)									
	Benzodiazepines - Other									
	Cocaine - Crack									
	Cocaine - Other									
	Diphenylhydantoin/Phenytoin (Dilantin)									
	GHB/GBL (Gamma-Hydroxybutyrate, Gamma-Butyrolactone)									
	Hallucinogens - LSD									
	Hallucinogens - Other									
	Inhalants - Aerosols									
	Inhalants - Nitrites									
	Inhalants - Solvents									
	Inhalants - Other									
	Ketamine (Special K)									
	Marijuana/Hashish									
	Meprobamate (Miltown)									
	Opiates/Synthetics - Codeine									
	Opiates/Synthetics - Heroin									
	Opiates/Synthetics - Hydralcodone (Vicodin)									
	Opiates/Synthetics - Hydromorphone (Dilaudid)									
	Opiates/Synthetics - Meperidine (Demoral)									
	Opiates/Synthetics - Non-Prescription Methadone									
	Opiates/Synthetics - Oxycodone (OxyContin, Percocet, Percodan)									
	Opiates/Synthetics - Pentazocine (Talwin)									
	Opiates/Synthetics - Propoxyphene									
	Opiates/Synthetics - Tramadol (Ultram)									
	Opiates/Synthetics - Other									
	Over The Counter - Diphenhydramine (Benadryl)									
	Over The Counter - Other									
	PCP or PCP Combination									
	Sedatives - Ethchlorvynol (Placidyl)									
	Sedatives - Glutethimide (Doriden)									
	Sedatives - Methaqualone (Quaaludes)									
	Sedatives - Other									
	Stimulants - Methylphenidate (Ritalin)									

	Stimulants - Other				
	Tranquilizers				
	Other Drug				

Number of Days in Support Group in Last 30 Days _____

Number of Days Attended AA/NA/Similar Meetings in Last 30 Days _____

Tobacco Use in Last 30 Days Yes No

Number of Arrests in Past 12 Months _____

Number of Arrests in Past 30 Days _____

ASI Scores

Medical _____

Employment _____

Drug _____

Alcohol _____

Legal _____

Family _____

Psychiatric _____

Controlled Environment

- No
- Jail
- Alcohol/Drug Treatment
- Medical Treatment
- Psychiatric Treatment
- Other

Actual Level of Care

- 0.5 Early Intervention
- I Outpatient
- I.D Outpatient Ambulatory Detox.
- I OMT Opioid Maintenance Therapy
- II.1 Intensive Outpatient Treatment
- II.D Intensive Outpatient Detox
- II.5 Partial Hospitalization
- III. 1 Clinically Managed – Low Intensity
- III. 3 Clinically Managed – Medium Intensity
- III. 5 Clinically Managed – High Intensity
- III. 7 Medically Monitored Intensive Inpatient
- III.7-D Medically Monitored Intensive Inpatient Detox.
- IV Medically Managed Intensive Inpatient
- IV.D Medically Managed Intensive Inpatient Detox
- OMT-D Opioid Maintenance Therapy - Detox

Actual Environment

- Mental Health
- Other
- Substance Abuse
- Substance Abuse/Mental Health

Special Funding:

- Anger Management (A Somerset County Stop Grant Project)
- Baltimore County Contract Clients
- Break the Cycle Initiative – (Other than Balto City)
- BSAS Drug Treatment Court
- CASS/COP II clients (P & P funding only)
- Clients who are receiving trmt in both Intensive Outpatient and detoxification
- COP I clients (P & P funding only)
- CRF funds for detox with Hudson Health Services by Somerset County
- CRF funds for detox with Hudson Health Services by Wicomico County
- CRF funds for detox with Hudson Health Services by Worcester County
- Deaf clients in the UofM Addiction Services at MD.
- Dual Diagnosis clients in Talbot County
- HGA 8507 Funding for Jude House
- House Bill 1160 (HB 1160) (TCA) clients
- House Bill 7 (HB 7) clients who are referred to treatment by the child welfare Addiction Specialist
- Opportunity for Funding (OTF) contract – Anne Arundel County
- Other BSAS funding
- Prince George's County Contract Clients
- Senate Bill 512/495 (SB 512/495) Prenatal
- Senate Bill 512/495 (SB 512/495) Post Partum
- Warwick Manor CRF funding
- 35% Break the Cycle Initiative clients – (P & P funding only)

Special Projects:

- BSAS-Referral off site-for MH Services treatment received
- BSAS-Referral off site-for MH Services treatment NOT received
- BSAS-Referral on site-for MH Services treatment received
- BSAS-Referral on site-for MH Services treatment not received
- BSAS- MH-no referral made
- BSAS- MH Services-Already in treatment –no referral made
- Clients in the Addicted Homeless Project Grant
- Clients receiving trmt for detox from a Balto City detox pgm and counseling from a Balto City OPT
- Compass Halfway House clients receiving IOP at Walden/Sierra
- Disaster & Terrorism Related Services
- Evacuee from Katrina effected area
- IOP clients receiving Buprenorphine in their medical clinic
- The Hands Project
- R.E.A.C.H. Mobile Health Counseling at the Univ. of MD
- Residential and IOP Women & Children's programs*
- Trmt in two clinics at the same time for Recovery Network
- Total Health Care Detox