

# 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 Community 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***

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

***Insurance Type:***

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

***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		
	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 (Dalmane)										
	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 - Hydrocodone (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