SanWITS Intake Form Instructions

REQUIRED FORM:

The Intake Form is a required document in the client's file and is needed before an episode can be started.

WHEN:

This form will be created after the Contact. The Intake must be linked to the last Contact created. Once the Intake is completed, it opens the Activity List where the new episode can begin along with the Admission record.

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

- For instructions on each specific field, refer to CalOMS Data Collection Guide/CalOMS Treatment Data Dictionary.

NOTE:

Some of the fields in the Intake are tied to other parts of the system. The "Source of Referral", "Manner of Contact" and "Initial Contact Date" will be auto-populate from the Contact. Also, if client is male the "Pregnant" field will auto-populate to "No" and will be grayed out.

To bill a client to Drug Medi-Cal Perinatal the client must be marked pregnant on the Intake and the Due Date must be entered.

County of San Diego
Behavioral Health Services

Provider Id: _____
Client Name: _____
Client #: _____
Data Entry Date: _____
Data Entry Int: _____
CalOMS Serial #:W_____

CalOMS Intake

INTAKE CASE INFORMATION	*REQUIRED

*Intake Facility (Auto-populates; DO NOT CHANGE; if wrong facility, go to Home Page to select correct facility)	**Case#** (Auto-populates)
*Intake Staff (Auto-populates based on staff login; can be changed to reflect actual intake staff)	**Case Status** ☐ Open Active
*Manner of Contact (Auto-populates based on Contact Form)	***Initial Contact Date** (Auto-populates based on Contact Form)
*Residence (CA County) ☐ Other (born outside CA)	***Intake Date** (mm/dd/yyyy)

*Source of Referral (Auto-populates based on Contact Form)

☐ 1-Individual, including self-referral
☐ 2-Alcohol/Drug Abuse program
☐ 3-Other Health Care Provider
☐ 4-School/Educational

☐ 5-Employer/EAP
☐ 6-12 Step Mutual Aid
☐ 7-Probation or Parole
☐ 8-Post-release Community Supervision (AB 109)

☐ 9-DUI / DWI
☐ 10-Adult Felon Drug Court
☐ 11-Dependency Drug Court

☐ 12-Court/Criminal Justice Referral
☐ 13-Other Community Referral
☐ 14-Child Protective Services

Referral Contact (Add Collateral Contact)	***Pregnant** ☐ 1-Yes ☐ 0-No (Auto-populates for Male) ☐ 99901- Not Sure/Don't Know	***Due Date** (*required if Yes is chosen on Pregnant field)
Referral Date (mm/dd/yyyy)	***Chronic Life-Threatening Illness** (CLTI) ☐ Yes ☐ No ☐ Unknown	
Assessment Date (mm/dd/yyyy)	***Injection Drug User** ☐ Yes ☐ No ☐ Denies	

Appointments *1st Available Tx Appt (mm/dd/yyyy) *2nd Available Tx Appt (mm/dd/yyyy) *3rd Available Tx Appt (mm/dd/yyyy) *1st Accepted Tx Appt (mm/dd/yyyy)	**Presenting Problem** (In Client's Own Words)

Risk Categories

☐ All Other Injection Drug User
☐ Cognitive Impaired
☐ Criminal Justice
☐ Foster Youth

☐ Homeless
☐ Isolated Elderly
☐ LGBTQ+
☐ None

☐ Parenting Injection Drug User
☐ Parenting Substance User
☐ Pregnant Injection Drug User

☐ Pregnant Substance User
☐ Refugee
☐ Veteran

Date Closed (mm/dd/yyyy)	***Closure Reason** (Reason required only if Date Closed is entered) ☐ Client left/or Referred Out ☐ Closed to Recovery Services ☐ Completed Courtesy Dosing ☐ Completed Prop 47 Aftercare ☐ Client Discharged ☐ Referred, did not have capacity. ☐ Referred, did not meet ASAM level. ☐ Referred, did not meet diagnostic criteria.