DELAWARE DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
CONSUMER REPORTING FORM
ADMISSION REPORT

MODALITY (SELECT ONLY ONE)

[ ] **MH** MENTAL HEALTH
[ ] **AD** ALCOHOL/DRUG
[ ] **DU** CO - OCCURRING (MH & AD)
[ ] **GA** GAMBLING

TREATMENT UNIT NAME _____

TREATMENT UNIT ID # [ ][ ][ ][ ][ ][ ] - [ ][ ]

DSAMH ADMISSION DATE	LEAVE BLANK UNTIL ADMISSION
[ ][ ] / [ ][ ]	[ ][ ] / [ ][ ]

LAST NAME _____

FIRST NAME _____ M.I. _____

STREET *Optional* _____

CITY _____ STATE _____

ZIP [ ][ ][ ][ ][ ] - [ ][ ][ ][ ]

COUNTY [ ]

HOME TELEPHONE *Optional* ([ ][ ][ ]) [ ][ ][ ] - [ ][ ][ ][ ]

BIRTHDATE [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

MCI # 0 0 0 [ ][ ][ ][ ][ ][ ][ ]

S.S.# [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

MEDICARE [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

GENDER

[ ] **M** MALE
[ ] **F** FEMALE

RACIAL IDENTIFICATION (CHECK ONE)

[ ] **AA** AMERICAN INDIAN/ALASKA NATIVE
[ ] **AP** AA PLUS OTHER RACES
[ ] **BL** BLACK / AFRICAN AMERICAN
[ ] **BP** BL PLUS OTHER RACES
[ ] **CA** WHITE/CAUCASIAN
[ ] **CP** CA PLUS OTHER RACES
[ ] **HA** NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
[ ] **HP** HA PLUS OTHER RACES
[ ] **MU** MULTIRACIAL, UNSPECIFIED
[ ] **PA** ASIAN
[ ] **PP** PA PLUS OTHER RACES
[ ] **U** UNKNOWN

HISPANIC/LATINO

[ ] **P** PUERTO RICAN
[ ] **M** MEXICAN
[ ] **C** CUBAN
[ ] **O** OTHER HISPANIC
[ ] **N** NOT OF HISPANIC ORIGIN
[ ] **U** UNKNOWN

MARITAL STATUS

[ ] **M** MARRIED
[ ] **S** SINGLE
[ ] **D** DIVORCED
[ ] **X** SEPARATED
[ ] **W** WIDOWED
[ ] **U** UNKNOWN

PRIMARY LANGUAGE

[ ] **E** ENGLISH
[ ] **S** SPANISH
[ ] **M** SIGN (MANUAL)
[ ] **O** OTHER
[ ] **U** UNKNOWN

RESIDENTIAL ARRANGEMENT

[ ] **PU** PRIVATE RESIDENCE - UNSUPERVISED
[ ] **PS** PRIVATE RESIDENCE - SUPERVISED
[ ] **FC** ADULT FOSTER CARE
[ ] **BH** BOARDING HOUSE
[ ] **GU** GROUP SETTING/ UNSUPERVISED
[ ] **GS** GROUP SETTING/ SUPERVISED
[ ] **NH** NURSING HOME/ICF/ SNF
[ ] **CJ** CORRECTIONS FACILITY JAIL
[ ] **I** OTHER INSTITUTION
[ ] **O** OTHER
[ ] **N** NONE/HOMELESS
[ ] **U** UNKNOWN

HOMELESS AT ANY TIME DURING THE PAST 30 DAYS ?

[ ] **Y** YES
[ ] **N** NO
[ ] **U** UNKNOWN

VETERAN STATUS

[ ] **VP** VETERAN/PREVIOUS MILITARY SERVICE (See Instructions)
[ ] **AD** ACTIVE DUTY
[ ] **FM** IMMEDIATE FAMILY MEMBER of MILITARY or VETERAN (See Instructions)
[ ] **NA** NONE OF THE ABOVE
[ ] **U** UNKNOWN

EDUCATION
WRITE IN HIGHEST GRADE COMPLETED

[ ][ ]

01-12 ELEMENTARY/HIGH SCHOOL
13-16 COLLEGE/ POST SECONDARY
17 MASTERS
18 PHD/MD
19 POST DOCTORAL
96 NEVER COMPLETED ANY GRADE HIGHER THAN PRE-SCHOOL OR KINDERGARTEN
97 UNKNOWN

PRIMARY EMPLOYMENT (DURING PAST 30 DAYS)

[ ] **F** FULL TIME
[ ] **P** PART TIME
[ ] **M** MILITARY ARMED FORCES
[ ] **L** UNEMPLOYED - LOOKING FOR WORK
[ ] **N** UNEMPLOYED - NOT LOOKING
[ ] **D** DISABLED - UNABLE TO WORK
[ ] **H** HOMEMAKER
[ ] **S** STUDENT
[ ] **R** RETIRED
[ ] **I** INMATE/RESIDENT OF INSTITUTION
[ ] **V** VOLUNTEER
[ ] **O** OTHER
[ ] **U** UNKNOWN

PRIMARY HEALTH INSURANCE

[ ] **M** MEDICARE
[ ] **A** MEDICAID
[ ] **E** MEDICAID MCO
[ ] **C** CHAMPUS
[ ] **B** BLUE CROSS/BLUE SHIELD
[ ] **V** VA
[ ] **H** HMO
[ ] **G** OTHER GOVERNMENT FUNDS
[ ] **P** OTHER PRIVATE COMMERCIAL
[ ] **O** OTHER
[ ] **N** NONE
[ ] **U** UNKNOWN

NUMBER OF ARRESTS 30 DAYS PRIOR TO ADMISSION

[ ][ ]

CURRENT LEGAL INVOLVEMENT

[ ] **CP** CHARGES PENDING
[ ] **SP** CONVICTED - SENTENCE PENDING
[ ] **UP** SENTENCED - UNSUPERVISED PROBATION (SENTAC I)
[ ] **FS** SENTENCED - FIELD SUPERVISION (SENTAC II)
[ ] **IS** SENTENCED - INTENSE SUPERVISION (SENTAC III)
[ ] **QI** SENTENCED - QUASI-INCARCERATION (SENTAC IV)
[ ] **CJ** SENTENCED - PRISON/CORRECTIONS/JAIL (SENTAC V)
[ ] **HX** HISTORY OF LEGAL INVOLVEMENT BUT NOT CURRENT
[ ] **N** NO CURRENT INVOLVEMENT OR HISTORY
[ ] **U** UNKNOWN

CONSUMER'S PRIMARY SOURCE OF INCOME

[ ] **SS** SOCIAL SECURITY
[ ] **SI** SSI
[ ] **SD** SSDI
[ ] **VD** VA - DISABILITY
[ ] **VR** VA - RETIREMENT
[ ] **UI** UNEMPLOYMENT INSURANCE
[ ] **IL** ILLEGAL
[ ] **E** EMPLOYMENT
[ ] **S** SPOUSE
[ ] **F** FAMILY/FRIENDS
[ ] **A** TANF
[ ] **G** GENERAL ASSISTANCE
[ ] **P** PENSION/RETIREMENT (IRA, KEOGH, SEP)
[ ] **W** WORKERS' COMPENSATION
[ ] **D** PRIVATE DISABILITY INSURANCE
[ ] **I** INVESTMENTS/SAVINGS
[ ] **O** OTHER
[ ] **N** NONE
[ ] **U** UNKNOWN

CONSUMER'S GROSS INCOME PER YEAR

$ [ ][ ][ ] , [ ][ ][ ]

NUMBER DEPENDENT ON CONSUMER'S INCOME WRITE IN NUMBER (01 - 20)

[ ][ ]

97 UNKNOWN

SCREENING/ASSESSMENT OF TRAUMA HISTORY

SCREENING FOR HISTORY OF TRAUMA

[ ] **P** POSITIVE
[ ] **N** NEGATIVE
[ ] **U** UNKNOWN

ASSESSMENT FOR HISTORY OF TRAUMA

[ ] **P** POSITIVE
[ ] **N** NEGATIVE
[ ] **U** UNKNOWN

DSAMH CONSUMER REPORTING FORM - ADMISSION REPORT

DATE OF FIRST CONTACT

[ ][ ] / [ ][ ] / [ ][ ]

TREATMENT UNIT ID #

[ ][ ][ ][ ][ ][ ] - [ ][ ]

MCI #

0 0 0 [ ][ ][ ][ ][ ][ ]

CURRENTLY PREGNANT

[ ] **Y** YES
[ ] **N** NO
[ ] **U** UNKNOWN

INJECTION DRUG USE EVER

[ ] **Y** YES
[ ] **N** NO
[ ] **U** UNKNOWN

SUBSTANCE ABUSE - DESIGNATED CODES

ONLY DSM IV DIAGNOSIS CODE [ ][ ][ ] . [ ][ ]

AXIS 1: CLINICAL DISORDERS CODE [ ][ ][ ] . [ ][ ]

SEE DSM IV MANUAL CODE [ ][ ][ ] . [ ][ ]

ALCOHOL & DRUG USE MATRIX	PRIMARY	SECONDARY	TERTIARY
SUBSTANCE TYPE			
FREQUENCY OF USE			
ROUTE OF ADMINISTRATION			
AGE OF FIRST USE			

FREQUENCY OF USE

N NO USE IN PAST MONTH
I INFREQUENT (1-3 TIMES PAST MONTH)
O OFTEN (1-2 TIMES PER WEEK)
F FREQUENTLY (3-6 TIMES PER WEEK)
D DAILY
M MORE THAN TWICE DAILY
U UNKNOWN

SUBSTANCE TYPE CODES TO USE IN BOX ABOVE

AL ALCOHOL
CO COCAINE
CR CRACK
ME METHAMPHETAMINE
AM OTHER AMPHETAMINES
OS OTHER STIMULANTS
HE HEROIN
OP OTHER OPIATES & SYNTHETICS
MD NON-PRESCRIPTION METHADONE
BA BARBITURATES
SE OTHER SEDATIVES OR HYPNOTICS
BE BENZODIAZEPINES
TR MAJOR TRANQUILIZERS
CS COUGH SYRUPS AND MIXTURES
MA MARIJUANA/HASHISH
PC PCP
LS LSD
HA OTHER HALLUCINOGENS
IN INHALANTS
ST STEROIDS
OC OVER-THE-COUNTER DRUGS
O OTHER
N NONE
U UNKNOWN

ROUTE OF ADMINISTRATION

M BY MOUTH (SWALLOW)
S SMOKE
B BREATHE/INHALE/SNORT
V INTRAVENOUS
I OTHER INJECTION
O OTHER
N NONE
U UNKNOWN

ADMISSION TYPE
(LEAVE BLANK UNTIL ADMITTED)

[ ] **V** VOLUNTARY
[ ] **C** CIVIL ORDER
[ ] **J** JUDICIAL (COURT ORDER)
[ ] **U** UNKNOWN
[ ] **N** NONE

SOURCE/AGENCY CODE

[ ][ ][ ][ ][ ]

[ ] **T** TRANSFERRED
[ ] **R** REFERRED
[ ] **S** SELF-REFERRED
[ ] **U** UNKNOWN

LEAVE BLANK UNTIL ADMITTED

PRESENTING PROBLEM
(SEE INSTRUCTIONS FOR CODES)

PRIMARY [ ][ ]

ALERT INFORMATION
(MARK ALL THAT APPLY)

[ ] TB ACTIVE
[ ] TB HISTORY
[ ] HISTORY OF MENTAL ILLNESS
[ ] PREVIOUS TREATMENT FOR MH
[ ] HISTORY OF SUBSTANCE ABUSE
[ ] PREVIOUS TREATMENT FOR ALCOHOL AND /OR DRUGS
[ ] PSYCHIATRIC DISABILITY
[ ] HISTORY OF PATHOLOGICAL GAMBLING
[ ] NONE

SOCIAL SUPPORT/CONNECTEDNESS
(SUPPORT GROUPS- NA, AA, ETC.)

[ ] Y YES
[ ] N NO
[ ] U UNKNOWN

[ ][ ] FREQUENCY OF ATTENDANCE AT SELF HELP PROGRAMS 30 DAYS PRIOR TO ADMISSSION

EXPECTED SOURCE OF PAYMENT

[ ] **D** DSAMH
[ ] **I** INDIVIDUAL/FAMILY
[ ] **B** BLUE CROSS/ SHIELD
[ ] **H** HMO
[ ] **P** OTHER PRIVATE INSURANCE
[ ] **M** MEDICARE (TITLE XVIII)
[ ] **A** MEDICAID (TITLE XIX)
[ ] **E** MEDICAID MCO
[ ] **V** VETERANS ADMINISTRATION
[ ] **C** CHAMPUS
[ ] **W** WORKERS' COMPENSATION
[ ] **G** OTHER GOV'T FUNDS
[ ] **S** SENTAC
[ ] **O** OTHER
[ ] **N** NONE/PROVIDER ABSORBS
[ ] **U** UNKNOWN

PRIMARY THERAPIST

ID [ ][ ][ ][ ][ ][ ]

PERSON COMPLETING FORM

ID [ ][ ][ ][ ][ ][ ]

DATE OF COMPLETION [ ][ ] / [ ][ ] / [ ][ ]