**CONSUMER REPORTING FORM**

**ADMISSION REPORT**

<table>
<thead>
<tr>
<th>Treatment Unit Name</th>
<th>Residence Arrangement</th>
<th>Education</th>
<th>Number of Arrests 30 Days Prior to Admission</th>
<th>Current Legal Involvement</th>
<th>Consumer's Primary Source of Income</th>
<th>Consumer's Gross Income Per Year</th>
<th>Number Dependent on Consumer's Income Write in Number (01 - 20)</th>
<th>Number of Custodial Dependent Children &lt;=26</th>
<th>Screening/Assessment of Trauma History</th>
<th>Assessment for History of Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Gender**

- [ ] M Male
- [ ] F Female
- [ ] T Transgender (To Female)
- [ ] W Transgender (To Male)

**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

**Veteran Status**

- [ ] V Veteran/Previous Military Service (See Instructions)
- [ ] A Active Duty
- [ ] F Immediate Family Member of Military or Veteran (See Instructions)
- [ ] N None of the Above
- [ ] U Unknown

**Veteran 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

<table>
<thead>
<tr>
<th>Military ARMED FORCES</th>
<th>UNEMPLOYED - LOOKING FOR WORK</th>
<th>UNEMPLOYED - NOT LOOKING</th>
<th>DISABLED - UNABLE TO WORK</th>
<th>HOMEMAKER</th>
<th>STUDENT</th>
<th>RETIRED</th>
<th>INMATE/RESIDENT OF INSTITUTION</th>
<th>VOLUNTEER</th>
<th>OTHER</th>
<th>U Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] S</td>
<td>[ ] N</td>
<td>[ ] N</td>
<td>[ ] N</td>
<td>[ ] N</td>
<td>[ ] N</td>
<td>[ ] N</td>
<td>[ ] N</td>
<td>[ ] N</td>
<td>[ ] N</td>
<td>[ ] U Unknown</td>
</tr>
</tbody>
</table>

**Education**

- [ ] 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
- [ ] E Shelters Non-Compet (MH Only)
- [ ] 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

**Homeless at Any Time During the Past 30 Days?**

- [ ] Y Yes
- [ ] N No
- [ ] U Unknown

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Private Insurance</th>
<th>Federal</th>
<th>State</th>
<th>County</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Residential Arrangement**

- [ ] PU Private Residence - Supervised
- [ ] PS Private Residence - Unsupervised
- [ ] 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

---

**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

**Current page content:**

<table>
<thead>
<tr>
<th>DATE OF FIRST CONTACT</th>
<th>TREATMENT UNIT ID #</th>
<th>MCI #</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td>-</td>
<td>0 0 0</td>
</tr>
</tbody>
</table>

**Alcohol & Drug Use Matrix:**

- **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

**Substance Use Matrix:**

<table>
<thead>
<tr>
<th>Substance Type</th>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALCOHOL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COCAINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRACK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>METHAMPHETAMINE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER AMPHETAMINES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER STIMULANTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEROIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMPHETAMINES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER STIMULANTS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Frequency of Use:**

- NO USE IN PAST MONTH
- INFREQUENT (1-3 TIMES PAST MONTH)
- OFTEN (1-2 TIMES PER WEEK)
- FREQUENTLY (3-6 TIMES PER WEEK)
- DAILY
- MORE THAN TWICE DAILY
- UNKNOWN

**Presenting Problem:**

(See Instructions for Codes)

- DSMH
- MEDICARE
- MEDICAID
- VETERANS ADMINISTRATION
- OTHER

**Injection Drug Use Ever:**

- BUTORPHANOL (STADOL)
- PROPOXYPHEN (DARVON)
- OXYCODONE (OXYCONTIN)
- HYDROMORPHONE (DILAUDID)
- BUPRENOPHINE (SUBUTEX, SUBOXON)

**Source/Agency Code:**

- TRANSFERRED
- REFERRED
- SELF-REFERRED
- UNKNOWN

**History of Gambling Disorder:**

- DSMH
- MEDICARE
- MEDIACID
- PRIVATE INSURANCE
- OTHER

**Person Completing Form:**

- Date of Completion: / /