

WITS Admission Form

Client Profile										
First Name			Last Name			Gender				
						Male	Female	TGMale	TGFemale	
Date of Birth			Social Security Number			Consent Decree? (Class Member)				
MM	DD	YYYY	### - ## - ####				Y	N		
Client Profile (Additional Information - Race, Ethnicity & Veteran Status)										
Ethnicity			Race			Veteran Status				
01 - Not Hispanic Or Latino			01 - White			Yes				
02 - Puerto Rican			02 - Black/African American							
03 - Mexican			03 - American Indian/Alaskan Native			No				
04 - Cuban			04 - Asian							
05 - Other Specific Hispanic			05 - Native Hawaiian/Pacific Islander			Unknown				
06 - Hispanic - Not Specified			99 - Other 98 - Unknown							
Intake Case Information										
Intake Facility			Intake Staff			County (Client Residence)				
Source of Referral										
01 - Self		10 - Child Protective (DHHS)		23 - Hospital						
02 - Family Member		11 - Substitute Care (DHHS)		24 - School						
03 - Employer		12 - Probation/Parole		25 - AIDS Outreach Worker						
04 - SA Professional		13 - Corrections		26 - Community Probation (DSAT)						
05 - SA Agency		14 - County Jail		27 - Drug Court (DSAT)						
06 - Physician		15 - Augusta/Bangor MH		28 - Network/JASAE						
07 - Non-SA Professional		16 - MH Agency		29 - Juvenile Drug Court						
08 - DEEP		17 - Friend		30 - Physician (PMP)						
09 - Adult Protective (DHHS)		18 - EAP		31 - Hospital (PMP)						
19 - SAP		21 - Formal Adjudication		32 - Law Enforcement (Non-Corrections)						
20 - State/Fed Court		22 - Self Help Group		99 - Other						
Initial Contact Date			Intake Date			If Female Client Only:			Pregnant?	
MM	DD	YYYY	MM	DD	YYYY				Y	N
HIV Positive?			Hep C Positive?			Due Date			Prenatal Treatment	
Yes	No	Unknown	Yes	No	Unknown				Y	N

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Intake Case Information (Continued)

Injection Drug User?				Shared Needles?		Problem Area	01 - Substance Abuse Only	02 - Affected Other/Co-Dependent	03 - Evaluation Only	98 - Unknown
Never	In last 6 Months	In Last 5 Years	Prior to Last 5 Years	Yes	No					

Admission Profile

Admission Type		Admission Staff			Admission Date		
Admission	Shelter/ Detox				MM	DD	YYYY

# of Prior SA TX Admissions				MH/MR Diagnosis			
#of Prior MH TX Admissions (Past 12 Months)				00 - None			
# of Prior MH Hospitalizations (Past 2 Years)				01 - Diagnosed Mental Illness/Disorder			
# Medical Tx at Physician/Clinic (Past 12 Months)				02 - Mental Retardation			
# Hospital Emergency Room Admissions (Past 12 Months)				97 - Unknown			
# Medical Hospital Inpatient Admissions (Past 12 Months)				Education Status: (Highest Grade Completed or Degree Achieved)			
# Other Medical Tx Location Admissions (Past 12 Months)							
Domestic Violence Survivor?		Yes	No	# of Times Client attended self-help program 30 days prior to date of admission.			
In Client's lifetime, how many times have they gambled (bet) with money or possessions?				Has the money or time spent gambling led to financial/personal problems?			
				Yes			
				No			

Financial/Household

Employment Status		Primary Income Source		Expected Payment Source	
01 - Full Time		00 - None		00 - None	
02 - Part Time		01 - Wages		01 - SAMHS	
03 - Irregular		02 - Retirement		02 - Human Services (Not APS/CPS)	
04 - Unemployed has sought work		03 - Alimony		03 - Corrections	
05 - Unemployed has not sought work		04 - Food Stamps		04 - Human Services (APS/CPS)	
06 - Not in Labor Force (Please Specify)		05 - TANF		05 - Self-Pay	
Student	Homemaker	06 - SSI		06 - MaineCare (Medicaid)	
Retired	Inmate	07 - Disability/Other		07 - Medicare	
Unable - Physical/Psychological		08 - Town Welfare		08 - BCBS	
Unable - Skills/Resources		09 - Child Support		09 - HMO	
Unable - Program Requirements		10 - Unemployment Benefits		10 - Other Private Insurance	
Seasonal Worker		11 - Social Security		11 - Town Assistance	
Temporary Layoff		12 - Dealing Drugs		12 - Worker's Compensation	
07 - Full Time Volunteer		13 - Worker's Compensation		13 - Veteran's Administration	
98 - Not Collected		99 - Other/Investments		99 - Other	

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Financial/Household (Continued)

Insurance Type	Living Arrangements	Marital Status
01 - Private Insurance	01 - Independent Living - Alone	01 - Never Married
02 - BCBS	02 - Independent Living - With Others	02 - Married/Co-Habiting
03 - Medicare	03 - Dependent Living - With Others	03 - Separated
04 - MaineCare (Medicaid)	04 - Homeless	04 - Divorced
05 - HMO	10 - Local Jail/Correctional Facility	05 - Widowed
20 - Other	11 - State Correctional Facility	
21 - None		

# of Dependents by Age Group	If the Client has dependent Children, where are they while the client is in treatment?			
0 - 12 Months		01 - With the Client		02 - Spouse/Other Parent
13-35 Months		03 - Grandparents/Relative		04 - Friends
3 - 5 Years		05 - Babysitter/Caregiver		06 - Temp Foster Care
6 - 12 Years		99 - Other		
13 - 17 Years				

Substance Abuse

Primary Substance	Code:	Frequency	Method	Detailed Drug Code
Secondary Substance	Code:	Frequency	Method	Detailed Drug Code
Tertiary Substance	Code:	Frequency	Method	Detailed Drug Code
Age of First Use:	Primary Substance		Secondary Substance	Tertiary Substance
Medication Assisted Treatment?	01 - None		02 - Methadone	03 - LAAM
	04 - Buprenorphine, Suboxone, Subutex		05 - Campral	06 - Naltraxone
	07 - Vivtrol		08 - Antabuse	09 - Topamax
			98 - Not Collected	

Tobacco

Does the Client Currently Use Tobacco?	Yes	No	If yes, Age of First Use
Frequency of use in the past 30 Days	00 - None		10 - 1/2 pack per day
	12 - 1 1/2 pack per day		11 - 1 pack per day
		13 - 2 packs per day	14 - More than 2
Route of Administration:			
00 - Not Applicable	01 - Oral	02 - Smoking	03 - Inhalation
05 - Other	99 - Affected Other/Co-Dependent		98 - Not Collected

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Legal History					
Legal Status					
00 - No Legal Involvement	03 - Awaiting Court	06 - Driver's License Revocation	99 - Other		
01 - Probation/Parole	04 - Serving Sentence (Jail/Prison)	07 - Deferred Disposition			
02 - Furloughed	05 - Formal Adjudication	08 - Specialty Courts			
Domestic Violence Offender?	Yes	No	Will Client Use Tx/Evaluation to Satisfy DEEP Requirements?		
# Of Arrests In Past 12 Months					Yes
# Of Arrests in Past 30 Days			DEEP Status	First Offender	Multiple Offender
# Of OUI Arrests in Past 12 Months				Youth Offender	
Program Enrollment					
Program Name		Program Start Date		MM	DD
Evaluation				YYYY	
Intensive Outpatient		Program End Date		MM	DD
Non-Intensive Outpatient				YYYY	
Termination Reason					
01-Client Termination w/o Clinic Agreement			16-Treatment Not Completed for Affected Other/Co-Dependent		
02-Treatment is Complete					
03-Further Treatment is Not Appropriate for Client at This Facility			17-Evaluation Only		
04-Non-Compliance With Rules and Regulations			21-Evaluation Incomplete		
05-Client Refused Service/Treatment			22-Client inability to pay/loss of Health Insurance		
06-Unable to Follow Program Requirements					
07-Client is charged For Medical And/Or Psychological TX			23-Transferred to another SA Treatment program or facility		
08-Client Moved Out of Catchment Area					
09-Client Cannot Get to Facility For Further Service			30-Client Left Program Due To Lack Of ChildCare		
10-Client Cannot Come for Service/Treatment During Facility Hours					
11-Client Incarcerated			98-Not Applicable		
12-Client Deceased			99-Shelter Clients Only		
13-Parents/Legal Guardian Withdrew Client					
14-Termination Due to Program Cut/Reduction					
15-Treatment Completed for Affected Other/Co-Dependent					

Notes:

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Code Table

Substance Code	Other Opiates & Synthetics (06)	Barbiturates (14)	
00 None	0606 Hydromorphone	1401 Phenobarbital	
01 Alcohol	0607 Other Narcotic Analgesics	1402 Seconbarbital/Amobarbital (Tuinal)	
02 Marijuana/Hashish/THC	0608 Pentazocine (Talwin)	1403 Seconbarbital (Seconal)	
03 Cocaine/Crack	0609 Hydrocodone (Vicodin)	Other Sedatives/Hypnotics (15)	
04 Heroin/Morphine	0610 Tramadol (Ultram)	1501 Ethchlorvynol (Placidyl)	
05 Non Rx-Methadone	0611 Buprenorphine	1502 Glutethimide (Doriden)	
06 Other Opiates and Synthetics	0698 Other Opiates and Synthetics	1503 Methaqualone	
07 PCP	0700 PCP or PCP Combination	1504 Other Non-Barbituate Sedatives	
08 Other Hallucinogens	Other Hallucinogens (08)	1505 Other Sedatives	
09 Methamphetamines	0801 LSD	1507 GHB/GBL	
10 Other Amphetamines	0802 Other Hallucinogens	1508 Ketamine (Special K)	
11 Other Stimulants	0900 Methamphetamine/Speed	Inhalants (16)	
12 Benzodiazepines	Other Amphetamines (10)	1601 Aerosols	
13 Other Tranquilizers	1001 Amphetamine	1602 Nitrites	
14 Barbiturates	1003 Methylendioxyamphetamine	1603 Other Inhalants	
15 Other Sedatives or Hypnotic	Other Stimulants (11)	1604 Solvents	
16 Inhalants	1100 Other Stimulants	1605 Anesthetics	
17 Over the Counter	1102 Methylphenidate (Ritalin)	Over the Counter/Other (17-18)	
18 Other	1109 Bath Salts	1700 Over the counter	
98 Not Collected	1109 Other Amphetamines	1701 Diphenhydramine (Benadryl)	
Detailed Drug Code	Benzodiazepines (12)	1801 Diphenylhydantoin Sodium (Phenyto)	
00 None	1201 Alprazolam (Xanax)	1802 Other Drugs	
0100 Alcohol	1202 Chlordiazepoxide (Librium)	1803 Synthetic Cannabis (K2/Spice)	
0200 Marijuana/Hashish	1203 Clorazepate (Tranzene)	9997 Unknown	
0301 Cocaine	1204 Diazepam (Valium)	Frequency of Use	
0302 Crack	1205 Flurazepam (Dalmane)	00 Not Applicable	02 No Use Past Mo.
0401 Heroin	1206 Lorazepam (Ativan)	03 Once Last 30 days	04 2-3 Days Per Mo.
0402 Morphine	1207 Triazolam (Halcion)	05 Once per Week	06 2-3 days per week
0500 Non-Rx Methadone	1208 Other Benzodiazepine	07 4-6 days per week	08 Daily
Other Opiates/Synthetics (06)	1209 Flunitrazepam (Rohypnol)	98 Not-Collected	99 Affected Other
0601 Codeine	1210 Clonazepam (Klonopin, Rivotril)	Route of Administration/Method	
0602 Propoxyphene (Darvon)	Other Tranquilizers (13)	00 Not Applicable	04 Injection
0603 Oxycodone (Percodan)	1301 Meprobamate	01 Oral	05 Other
0604 Oxycontin	1302 Other Tranquilizers	02 Smoking	98 Not Collected
0605 Meperidine HCL(Demero)		03 Inhalation	99 Affected Other