

Drug Use

Unique ID: Name:

Substance Use	Client Order	Screener Order	Name of Drug
	1	1	Alcohol

◆ Substance: Alcohol

Currently using this substance: Yes No Client sees substance as a problem: Yes No

Used this substance within the last 14 days: Yes No

Hospitalized, charged for using or jailed for using this substance: Yes No

◆ Age of 1st Use: 10 ◆ Client uses this substance regularly: Yes No

 ◆ Age of Regular Use: 16 ◆ Amount Used Regularly: 6 PK

◆ Frequency of Use: 1-2 Times Per Week ◆ Route of Use: Oral

Date of Last Use: 8/20/99 Time of Last Use: NA

Date of Last Abstinence: NONE How long was the abstinence: NA

Notes (include behavior under the influence):

STATES THERE IS NO CHANGE IN HIS BEHAVIOR

[Function Key Definitions](#)

Admission – Abstinence from Alcohol

Drug Use

Unique ID: _____ Name: _____

Substance Use	Client Order	Screener Order	Name of Drug
	1	2	Marijuana, Hashish, THC, Other Cannabis
	2	1	Alcohol

◆ Substance: Marijuana, Hashish, THC, Other Cannabis

Currently using this substance: Yes No Client sees substance as a problem: Yes No

Used this substance within the last 14 days: Yes No

Hospitalized, charged for using or jailed for using this substance: Yes No

◆ Age of 1st Use: ◆ Client uses this substance regularly: Yes No

◆ Age of Regular Use: ◆ Amount Used Regularly:

◆ Frequency of Use: ◆ Route of Use:

Date of Last Use: Time of Last Use:

Date of Last Abstinence: How long was the abstinence:

Notes (include behavior under the influence):

STATES BEHAVIOR IS MELLOW

[Function Key Definitions](#)

Admission – Abstinence from Drugs

General Info	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6	RADAC Tracking
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MHUnique ID: _____ Name: _____ Living Environment

Page1 Page2 Notes **Marked Completed Inactive Client**

Legal Involvement

Current or Pending legal charges: Yes No

Currently on Parole? Yes No DOC Number: _____

Charge: N/A Court date: N/A

Supervising officer: Court Service

Name: _____

Address: _____

Attorney involved:

Name: NONE

Address: NONE

Client has arrest record: Yes No

Arrest Record

Number of DUI arrests:

Number of arrests in last 30 Days:

Potential Impediments to Treatment

Distance from treatment locations: Level 1: 5 MILES Level 2: UNKNOWN Level 3: UNKNOWN

Transportation available: Yes No Has Driver's License: Yes No

Deaf/Hard of Hearing: Yes No Visually Impaired: Yes No

Other Physical Disabilities: Yes No English Not Primary Language: Yes No

History of Learning Disabilities: Yes No Other: Yes No (If yes, specify in notes.)

[Function Key Definitions](#)

[Services](#)

[Criteria Page](#)

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Admission – Criminal Justice

General Info	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6	RADAC Tracking
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MHUnique ID: _____ Name: _____ Living Environment

Page1 Page2 Notes **Marked Completed Inactive Client**

Family Support System

Client lives with: How long:

Are others in home abusing substances? Yes No Are others supportive of recovery? Yes No

Is violence or aggression present? Yes No Is the home safe? Yes No

Is child care available if needed? Yes No N/A Who:

Social Support System

Religious/spiritual Affiliation: Actively involved: Yes No

Specify other:

Club or social group: Actively involved: Yes No

Hobbies / recreational interests:

Job Environment

• Employment status: • Length of employment: (months)

• Current occupation:

Substance abuse at work: Yes No Relationship with current employer:

• Job History (list at least past 5 years, begin with current job)

[Function Key Definitions](#)

Admission – Employment

General Info	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6	RADAC Tracking
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MHUnique ID: _____ Name: _____ Living Environment

Page1 Page2 Notes **Marked Completed Inactive Client**

Family Support System

Client lives with: How long:

Are others in home abusing substances? Yes No

Are others supportive of recovery? Yes No

Is violence or aggression present? Yes No

Is the home safe? Yes No

Is child care available if needed? Yes No N/A Who:

Social Support System

Religious/spiritual Affiliation: Actively involved: Yes No

Specify other:

Club or social group: Actively involved: Yes No

Hobbies / recreational interests:

Job Environment

• Employment status: • Length of employment: (months)

• Current occupation:

Substance abuse at work: Yes No Relationship with current employer:

• Job History (list at least past 5 years, begin with current job)

Services
Criteria Page
Return
Function Key Definitions

Admission – Housing

General Info	Dimension 1	Dimension 2	Dimension 3	Dimension 4	Dimension 5	Dimension 6	RADAC Tracking
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MHUnique ID: _____ Name: _____ Continued Problem Potential

Page1 | Notes | **Marked Completed Inactive Client**

Assess Ability to Maintain Abstinence

Has client had any non-incarcerated abstinence of 5 days or longer in the last 6 months? Yes No

Craving to use: Yes No

What triggers your craving to use? _____

How do you deal with your craving? N/A

Prior Recovery Attempts

Going to AA/NA or other self-help meetings now: Yes No Sponsor: Yes No

Currently in nonfunded treatment: Yes No Where: N/A

How long: N/A Name of counselor: N/A

• Client has treatment history: Alcohol/Drug: Yes No Mental Health: Yes No

- Treatment History (include alcohol, drug and mental illness treatment)
- Number of prior Alcohol/Drug treatment episodes:

[Function Key Definitions](#)

Admission – Social Connectedness

Discharge Outcomes

NOMS Discharge Outcome Data Collection

Collected at Discharge and Movement between Modalities and/or Providers

Reason: Treatment Completed

Referral: Probation

The following entries are required unless the discharge reason is one of the following: 'Services not completed, Agency Decision', 'Services not completed, Client Decision (AWOL, AMA)', 'Patient Died', or 'Patient Discharged by /to court or jail'.

Employment Status: Full-Time

Occupation: Laborer

Living Arrangements: Independent Living

Number of Arrests in Last 30 Days: 0

Going to AA/NA or other self-help meetings in last 30 days Yes No

Substance Use

Substances have been copied from assessment. Complete frequency of use.

Substance	Frequency
Alcohol	

Edit Save Return

Discharge NOMS must be completed when discharging a member from treatment. The above screen print highlights where the data is put into the KCPC.

Discharge Outcomes

NOMS Discharge Outcome Data Collection

Collected at Discharge and Movement between Modalities and/or Providers

Reason:

Referral:

The following entries are required unless the discharge reason is one of the following: 'Services not completed, Agency Decision', 'Services not completed, Client Decision (AWOL, AMA)', 'Patient Died', or 'Patient Discharged by /to court or jail'.

Employment Status:

Occupation:

Living Arrangements:

Number of Arrests in Last 30 Days:

How many AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence has client attended in the past 30 days?

Substance Use

Substances have been copied from assessment. Complete frequency of use.

Substance	Frequency
▶ Alcohol	<input type="text"/>
Marijuana, Hashish, THC, Other Cannabis	<input type="text"/>

Discharge NOMS do not need to be completed in the following circumstances:

1. Services Not Completed / Agency Decision;
2. Services Not Completed / Client Decision;
3. AWOL / AMA;
4. Patient Died; or
5. Patient Discharged by / to Court or Jail.