

# CalOMS Youth/Detox Discharge Form

The paper version should only be used as a supporting document during urgent occasions such as a power outage or Sage system down, and the data must be submitted electronically. SAPC does not accept paper or scanned versions of CalOMS submissions.

Cal-OMS Youth/Detox Discharge																																																					
<p><b>1.1. Discharge Date</b></p> <input style="width: 80%; height: 20px;" type="text"/>	<p><b>1.2. Record to be Submitted</b>  <del>Discharge Delete</del> (do not select)  <del>Discharge Update</del> (do not select)                      Discharge  <del>None</del> (do not select)</p>																																																				
<p><b>1.3. Discharge Status</b></p> <p>01. Completed treatment/recovery plan goals (referred or transferred)</p> <p>02. Completed treatment/recovery plan goals (not referred or transferred)</p> <p>03. Left before completing treatment/recovery plan goals w/ satisfactory progress (referred or transferred)</p> <p>05. Left before completing treatment/recovery plan goals w/ unsatisfactory program (referred or transferred)</p>	<p><b>Flag for Resubmission</b> (Default: No)</p> <p><input type="checkbox"/> Yes                                      <input type="checkbox"/> No</p>																																																				
<p><b>1.4. Level Of Care Admitted:</b> (Skip this question)</p>	<p><b>1.5. Current First Name</b></p> <input style="width: 80%; height: 20px;" type="text"/>																																																				
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<p><b>1.7. Consent</b> (Default: No)</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p>	<p><b>1.8. Disability (check all that apply)</b> (If "None" is selected, no other values can be selected)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">None</td> <td style="width: 33%;">Mobility</td> <td style="width: 34%;">Client declined to state</td> </tr> <tr> <td>Visual</td> <td>Mental</td> <td>Client unable to answer</td> </tr> <tr> <td>Hearing</td> <td>Developmentally Disabled</td> <td>Other</td> </tr> <tr> <td>Speech</td> <td></td> <td></td> </tr> </table>				None	Mobility	Client declined to state	Visual	Mental	Client unable to answer	Hearing	Developmentally Disabled	Other	Speech																																							
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<p><b>1.9. Pregnant At Any Time During Treatment</b> (<i>"No" must be selected for male clients.</i>)</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Not Sure/Don't Know</p>																																																					
<p><b>2.1. Primary Drug (Code)</b> (If "None", skip to Q2.5)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Alcohol → (Go to Q2.3)</td> <td style="width: 33%;">Non-Prescription Methadone → (Go to Q2.3)</td> <td style="width: 34%;">Other Stimulants</td> </tr> <tr> <td>Barbiturates</td> <td>None → (Go to Q2.5)</td> <td>Other Tranquilizers</td> </tr> <tr> <td>Cocaine / Crack → (Go to Q2.3)</td> <td>Other (specify)</td> <td>Over-the-Counter</td> </tr> <tr> <td>Ecstasy → (Go to Q2.3)</td> <td>Other Amphetamines</td> <td>OxyCodone / OxyContin → (Go to Q2.3)</td> </tr> <tr> <td>Heroin → (Go to Q2.3)</td> <td>Other Club Drugs</td> <td>PCP → (Go to Q2.3)</td> </tr> <tr> <td>Inhalants</td> <td>Other Hallucinogens</td> <td>Tranquilizers (Benzodiazepine)</td> </tr> <tr> <td>Marijuana / Hashish → (Go to Q2.3)</td> <td>Other Opiates and Synthetics</td> <td>Unknown → (Go to Q2.3)</td> </tr> <tr> <td>Methamphetamines → (Go to Q2.3)</td> <td>Other Sedatives or Hypnotics</td> <td></td> </tr> </table>			Alcohol → (Go to Q2.3)	Non-Prescription Methadone → (Go to Q2.3)	Other Stimulants	Barbiturates	None → (Go to Q2.5)	Other Tranquilizers	Cocaine / Crack → (Go to Q2.3)	Other (specify)	Over-the-Counter	Ecstasy → (Go to Q2.3)	Other Amphetamines	OxyCodone / OxyContin → (Go to Q2.3)	Heroin → (Go to Q2.3)	Other Club Drugs	PCP → (Go to Q2.3)	Inhalants	Other Hallucinogens	Tranquilizers (Benzodiazepine)	Marijuana / Hashish → (Go to Q2.3)	Other Opiates and Synthetics	Unknown → (Go to Q2.3)	Methamphetamines → (Go to Q2.3)	Other Sedatives or Hypnotics		<p><b>2.5. Secondary Drug (Code)</b> (If "None", skip to 2.9)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Alcohol → (Go to Q2.7)</td> <td style="width: 33%;">Non-Prescription Methadone → (Go to Q2.7)</td> <td style="width: 34%;">Other Stimulants</td> </tr> <tr> <td>Barbiturates</td> <td>None → (Go to Q2.9)</td> <td>Other Tranquilizers</td> </tr> <tr> <td>Cocaine / Crack → (Go to Q2.7)</td> <td>Other (specify)</td> <td>Over-the-Counter</td> </tr> <tr> <td>Ecstasy → (Go to Q2.7)</td> <td>Other Amphetamines</td> <td>OxyCodone / OxyContin → (Go to Q2.7)</td> </tr> <tr> <td>Heroin → (Go to Q2.7)</td> <td>Other Club Drugs</td> <td>PCP → (Go to Q2.7)</td> </tr> <tr> <td>Inhalants</td> <td>Other Hallucinogens</td> <td>Tranquilizers (Benzodiazepine)</td> </tr> <tr> <td>Marijuana / Hashish → (Go to Q2.7)</td> <td>Other Opiates and Synthetics</td> <td>Unknown → (Go to Q2.7)</td> </tr> <tr> <td>Methamphetamines → (Go to Q2.7)</td> <td>Other Sedatives or Hypnotics</td> <td></td> </tr> </table>			Alcohol → (Go to Q2.7)	Non-Prescription Methadone → (Go to Q2.7)	Other Stimulants	Barbiturates	None → (Go to Q2.9)	Other Tranquilizers	Cocaine / Crack → (Go to Q2.7)	Other (specify)	Over-the-Counter	Ecstasy → (Go to Q2.7)	Other Amphetamines	OxyCodone / OxyContin → (Go to Q2.7)	Heroin → (Go to Q2.7)	Other Club Drugs	PCP → (Go to Q2.7)	Inhalants	Other Hallucinogens	Tranquilizers (Benzodiazepine)	Marijuana / Hashish → (Go to Q2.7)	Other Opiates and Synthetics	Unknown → (Go to Q2.7)	Methamphetamines → (Go to Q2.7)	Other Sedatives or Hypnotics	
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<p><b>2.2. Primary Drug Name</b></p> <input style="width: 95%; height: 25px;" type="text"/>			<p><b>2.6. Secondary Drug Name</b></p> <input style="width: 95%; height: 25px;" type="text"/>																																																		
<p><b>2.3. Days of Primary Drug Use In The Last 30 Days</b></p> <input style="width: 80%; height: 25px;" type="text"/>			<p><b>2.7. Days of Secondary Drug Use In The Last 30 Days</b></p> <input style="width: 80%; height: 25px;" type="text"/>																																																		
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<p><b>2.9. Days of Alcohol Use In The Last 30 Days</b>  <i>(If Primary or Secondary Drug is "Alcohol", skip this question. System will auto-populate to "99902")</i></p> <input type="text"/>	
<p><b>3.1. Employment Status</b></p> <ul style="list-style-type: none"> <li>• Employed Full time (35 hours or more)</li> <li>• Employed Part time (less than 35 hours)</li> <li>• Unemployed, looking for work</li> <li>• Unemployed – (not seeking)</li> <li>• Not in the labor force (Not seeking)</li> </ul>	<p><b>3.2. Enrolled in School</b></p> <ul style="list-style-type: none"> <li>• No</li> <li>• Client declined to state</li> <li>• Yes</li> <li>• Client unable to answer</li> </ul>
<p><b>3.3. Current Living Arrangements</b></p> <ul style="list-style-type: none"> <li>• Homeless</li> <li>• Independent Living</li> <li>• Dependent Living</li> </ul>	<p><b>3.4. Zip Code At Current Residence</b> <i>(five-digit number; 00000 for homeless clients)</i></p> <input type="text"/>
<p><b>3.5. Mental Illness</b></p> <ul style="list-style-type: none"> <li>• No</li> <li>• Not Sure/Don't Know</li> <li>• Yes</li> </ul>	<p><b>3.6. Number of Arrests Last 30 Days</b></p> <input type="text"/>
<p><b>3.7. Social Support: How many days have you participated in any social support recovery activities in the past 30 days such as 12-step meetings, other self-help meetings, religious/faith recovery or self-help meetings, meetings of organizations other than those listed above, interactions with family members and/or friend support of recovery?</b></p> <input type="text"/>	