

SanWITS Intake Form Instructions

REQUIRED FORM:

The Intake Form is a required document in the client's file and is needed before an episode can be started.

WHEN:

This form will be created after the Contact. The Intake must be linked to the last Contact created. Once the Intake is completed, it opens the Activity List where the new episode can begin along with the Admission record.

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

- For instructions on each specific field, refer to CalOMS Data Collection Guide/CalOMS Treatment Data Dictionary.

NOTE:

Some of the fields in the Intake are tied to other parts of the system. The "Source of Referral", "Manner of Contact" and "Initial Contact Date" will be auto-populate from the Contact. Also, if client is male the "Pregnant" field will auto-populate to "No" and will be grayed out.

To bill a client to Drug Medi-Cal Perinatal the client must be marked pregnant on the Intake and the Due Date must be entered.



Provider Id: _____
Client Name: _____
Client #: _____
Data Entry Date: _____
Data Entry Int: _____
CalOMS Serial #:W_____

SanWITS Intake Screen

INTAKE			(* REQUIRED)
*Intake Facility (Auto-populates; DO NOT CHANGE; if wrong facility, go to Home Page to select correct facility)	Case # (Auto-populates)		
*Intake Staff (Auto-populates based on staff login; can be changed to reflect actual intake staff)	*Case Status (Auto-populates) 1-Open Active		
*Manner of Contact (Auto-populates based on Contact Form)	*Initial Contact Date (Auto-populates based on Contact Form)		
*Residence (CA County)	*Intake Date (mm / dd /yyyy)		
*Source of Referral (Auto-populates based on Contact Form)	*Pregnant <input type="checkbox"/> YES <input type="checkbox"/> NO (Auto-populates for Male)	*Due Date (For pregnant females only)	
Referral Contact		Referral Date	
Assessment Date	*1st Offered Tx Appt	*1st Tx Appt Accepted	
*Chronic Life-Threatening Illness (CLTI) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	*Injection Drug User <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DENIES		
Risk Categories <input type="checkbox"/> Cognitive Impaired <input type="checkbox"/> Foster Youth <input type="checkbox"/> Homeless <input type="checkbox"/> Isolated Elderly <input type="checkbox"/> LGBTQ + <input type="checkbox"/> Refugee <input type="checkbox"/> Veterans <input type="checkbox"/> Criminally Involved <input type="checkbox"/> None	Presenting Problem (In client's own words)		
Date Closed	*Closure Reason (Reason required only if Date Closed is entered) <input type="checkbox"/> Client Discharged <input type="checkbox"/> Client left/No Treatment		

*** Required Field**