

# CLIENT FILE ORDER

Form #	Section 1: Intake/Financial
101a	DMC Tracking Form*
101b	Non-DMC Tracking Form
102a,b	QAR Review Worksheets*
	DMC Eligibility Printout*
104a	Minor Children Information
104b	Brief ASAM Screening Tool
104c	Adult Initial Level of Care Assessment
104d	Adolescent Initial Level of Care Assessment
104e	Parent Guardian Initial Level of Care Assessment
	Client Fee Collection Form
	Copy of ID/Social Security Card/Medi-Cal Card
S107	Financial Responsibility & Info
S108a	CalOMS Profile Form
S108b	CalOMS Profile Collateral Contacts
S109	CalOMS Contact
S110	SanWITS Intake Form
S111	CalOMS Admission
S112	CalOMS Annual Update
S113	CalOMS Encounter
	Additional Intake/Financial

Form #	Section 2: Consents
	Consent to Release Information
	Admissions Agreement/Consent for Treatment
203	Your Personal Rights At An AOD Certified Program
	42 CFR Written Summary Requirements
	Notice of Privacy Practices/HIPAA
	Consent to Follow Up
	Consent for Photo, TV, Video
208	Coordination of Care Consent
209	Acknowledgement of DMC-ODS Beneficiary Handbook and Provider Directory
210	SUD Program Admission Checklist
	Additional Policies and Consents

Form #	Section 3: Assessments
301	Stay Review Justification
302	Alcohol/Drug History
303	ASI/YAI
304	Co-Occurring Conditions Screening
305a,b	High Risk Assessment & Index(BHS)
306	ASAM LOC Recommendation
307	Assessment Summary
308	Diagnosis Determination Note

Form #	Section 4: Health/Medical
	Additional Assessments
401	Client 12-Hours Intensive Observation Log (Detox)
402	Centrally Stored Medication List (Residential and Detox)
403	Health Questionnaire
404	TB Screening Questionnaire
	Copy of TB Test Results
406	Physician Direction Form
	MD Recommendations/Orders*
	Proof of Pregnancy (Perinatal)
	Additional Medical Documents

Form #	Section 5: Planning
501	Initial Treatment Plan
502	Updated Treatment Plan
503	Addendum Treatment Plan
	Additional Planning Documents

Form #	Section 6: Progress Notes
601	SUD Treatment Progress Note
602a	Weekly Progress Note Residential - Narrative
602b	Weekly Progress Note Residential - Services

Form #	Section 7: Discharge
701	Discharge Summary
703	CalOMS Discharge
704	Client Discharge Plan
	Additional Discharge Documents

Form #	Section 8: Drug Test Results/Reports
801	Drug Test & Results Log
	Drug Test Results from Lab
	Progress Reports
	Case Management Notes & Plans
	Referral Source Documents
806	FAX COVER SHEET - RSUD AUTH REQUEST
	Additional Correspondence
	Additional Forms

Indicates there is no standardized form. If the information is collected by your program, it would be placed in this position in the client file.