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.
## INTAKE

<table>
<thead>
<tr>
<th>*Required Field</th>
<th>(REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Id: _________________</td>
<td>Case # (Auto-populates)</td>
</tr>
<tr>
<td>Client Name: ________________</td>
<td>Intake Facility (Auto-populates; DO NOT CHANGE; if wrong facility, go to Home Page to select correct facility)</td>
</tr>
<tr>
<td>Client #: ____________________</td>
<td>*Intake Facility (Auto-populates based on staff login; can be changed to reflect actual intake staff)</td>
</tr>
<tr>
<td>Data Entry Date: ________________</td>
<td>*Intake Staff (Auto-populates based on Contact Form)</td>
</tr>
<tr>
<td>Data Entry Int: ________________</td>
<td>Case Status (Auto-populates)</td>
</tr>
<tr>
<td>CalOMS Serial #: W____________</td>
<td>1-Open Active</td>
</tr>
<tr>
<td><strong>INTAKE</strong></td>
<td>*Manner of Contact (Auto-populates based on Contact Form)</td>
</tr>
<tr>
<td><strong>REQUIRED</strong></td>
<td>*Initial Contact Date (Auto-populates based on Contact Form)</td>
</tr>
<tr>
<td><strong>REQUIRED</strong></td>
<td>*Residence (CA County)</td>
</tr>
<tr>
<td><strong>REQUIRED</strong></td>
<td>*Intake Date (mm / dd /yyyy)</td>
</tr>
<tr>
<td><strong>REQUIRED</strong></td>
<td>*Source of Referral (Auto-populates based on Contact Form)</td>
</tr>
<tr>
<td><strong>REQUIRED</strong></td>
<td>*Pregnant (Auto-populates for Male)</td>
</tr>
<tr>
<td><strong>REQUIRED</strong></td>
<td>*Due Date (For pregnant females only)</td>
</tr>
</tbody>
</table>

**Referral Contact**

**Referral Date**

**Assessment Date**

**1st Offered Tx Appt**

**1st Tx Appt Accepted**

**Chronic Life-Threatening Illness (CLTI)**

- YES
- NO
- UNKNOWN

**Injection Drug User**

- YES
- NO
- DENIES

**Risk Categories**

- Cognitive Impaired
- Foster Youth
- Homeless
- Isolated Elderly
- LGBTQ +
- Refugee
- Veterans
- Criminally Involved
- None

**Presenting Problem** (In client’s own words)

**Date Closed**

**Closure Reason** (Reason required only if Date Closed is entered)

- Client Discharged
- Client left/No Treatment

* Required Field