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.
## SanWITS Intake Screen

### INTAKE

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Auto-populates</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake Facility</td>
<td>(Auto-populates; DO NOT CHANGE; if wrong facility, go to Home Page to select correct facility)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intake Staff</td>
<td>(Auto-populates based on staff login; can be changed to reflect actual intake staff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manner of Contact</td>
<td>(Auto-populates based on Contact Form)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td>(CA County)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source of Referral</td>
<td>(Auto-populates based on Contact Form)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Required Fields

- Provider Id: __________________
- Client Name: __________________
- Client #: __________________
- Data Entry Date: ____________
- Data Entry Int: _____________
- CalOMS Serial #: W____________

### Case #

- (Auto-populates)

### Case Status

- 1-Open Active

### Initial Contact Date

- (Auto-populates based on Contact Form)

### Intake Date

- (mm / dd /yyyy)

### Chronic Life-Threatening Illness (CLTI)

- □ YES
- □ NO (Auto-populates for Male)
- □ 99901 – Not Sure/Don’t Know

### Injection Drug User

- □ YES
- □ NO
- □ UNKNOWN

### Presenting Problem

- (In Client’s Own Words)

### Appointments

<table>
<thead>
<tr>
<th>Appt</th>
<th>1st Available Tx Appt</th>
<th>2nd Available Tx Appt</th>
<th>3rd Available Tx Appt</th>
<th>1st Accepted Tx Appt</th>
</tr>
</thead>
</table>

### Risk Categories

- □ None
- □ All Other Injection Drug User
- □ Cognitive Impaired
- □ Criminal Justice
- □ Foster Youth
- □ Homeless
- □ Isolated Elderly
- □ LGBTQ +
- □ Parenting Injection Drug User
- □ Parenting Substance User
- □ Pregnant Injection Drug User
- □ Pregnant Substance User
- □ Refugee
- □ Veteran

### Date Closed

- □ Client left/or Referred Out
- □ Closed to Recovery Services
- □ Completed Courtesy Dosing
- □ Completed Prop 47 Aftercare
- □ Client Discharged

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* Required Field

BHS/SUD, S110 (12/19)