

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) <input type="checkbox"/> 99901 – Not Sure/Don't Know		*Due Date (For pregnant females only)
Referral Contact		*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"/> UNKNOWN	
Referral Date			Assessment Date		
Presenting Problem (In Client's Own Words)					
Appointments	*1 st Available Tx Appt	*2 nd Available Tx Appt	*3 rd Available Tx Appt	*1 st Accepted Tx Appt	
Risk Categories <input type="checkbox"/> None <input type="checkbox"/> All Other Injection Drug User <input type="checkbox"/> Cognitive Impaired <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Foster Youth		<input type="checkbox"/> Homeless <input type="checkbox"/> Isolated Elderly <input type="checkbox"/> LGBTQ + <input type="checkbox"/> Parenting Injection Drug User <input type="checkbox"/> Parenting Substance User		<input type="checkbox"/> Pregnant Injection Drug User <input type="checkbox"/> Pregnant Substance User <input type="checkbox"/> Refugee <input type="checkbox"/> Veteran	
Date Closed		*Closure Reason (Reason required only if Date Closed is entered) <input type="checkbox"/> Client left/or Referred Out <input type="checkbox"/> Closed to Recovery Services		<input type="checkbox"/> Completed Courtesy Dosing <input type="checkbox"/> Completed Prop 47 Aftercare <input type="checkbox"/> Client Discharged	

* Required Field