



Grid for Unique I-SMART ID

# Placement Screening/Admission

Client Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Facility: \_\_\_\_\_

Complete all fields as applicable

1. Event Type:  Admission  Placement Screening

2. Days Waiting:

3. Treated Here for:  SA  MH/SA  GA/SA  MH/GA/SA

4. Admission Type:  Admission  Transfer

5. Admission Staff: \_\_\_\_\_

6. Placement Screening Date:          
DD MM YYYY

7. Admission Date:          
DD MM YYYY

8. Concerned Person:  Yes  No

9. Number of prior SA treatment Admissions in the past 10 years:

10. Number of Non treatment SA related Hospitalizations in Past 6 Months:

11. Number of months since last Discharge:

12. Past IV Drug Use:  Yes  No  Denies

13. Mental Health Problem:  Yes  No

14. Methadone Treatment Planned:  Yes  No

15. Years of Education:

16. Veteran Status:  None  Armed Forces/On Active Duty/Combat History  Armed Forces/On Active Duty/No Combat History  Military Dependent  National Guard/Combat History  National Guard/No Combat History  National Guard/On Active Duty/Combat History  National Guard/On Active Duty/No Combat History  Retired from Military/Combat History  Retired from Military/No Combat History  Served in Armed Forces/Combat History  Served in Armed Forces/No Combat History  Unknown

17. Pregnant:  Yes  No Due date: \_\_\_\_\_

18. Employment Status:  Employed Full Time  Employed Part Time  Unemployed Looking for Work  Homemaker  Student  Retired  Person has a disability  Not in Labor Force Inmate  Not in Labor Force not Seeking Work

19. Months employed in last 6 months:

20. Occupation:  None  Professional/Managerial  Sales/Clerical  Crafts/Operatives  Non Farm Laborer  Farm Owner/Laborer  Service/Household

21. Clients Monthly Gross:



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22. Primary Source of Income:

- None, Family/Friends, Disability, SSI/SSDI, Wages/Salary, Public Assistance, Other, Retirement/Pension

23. Other Income Source:

- None, Family/Friends, Disability, SSI/SSDI, Wages/Salary, Public Assistance, Other, Retirement/Pension

24. Insurance Type:

- Blue Cross/Blue Shield, Other Health Insurance, Medicare Eligible, HAWKI, Individual Policy, HMO, Medicaid Eligible, None

25. Insurance Covers Substance:

- Yes, No

26. Expected Payment Source:

- No charge/No Other Pay Source, Blue Cross/Blue Shield, Medicaid, Workers Compensation, Other government grant, IDPH/Non Medicaid Eligible, RTSS, Private Pay, Medicare/Medicaid Eligible, Medicare/Non Medicaid Eligible, HAWKI, Other Health Insurance, Medicare, Client Self Pay, Unknown

27. Living arrangements:

- Alone, With significant other, With children alone, Other adult and children, Jail/Correctional Facility, Homeless, Child/Adolescent Foster Care, Correctional Halfway House, Group Home, Shelter, Substance Abuse Halfway House, Transitional Housing, With Parents, Other adult, Hospital, Juvenile Detention

28. Marital Status:

- Single Never Married, Cohabiting, Divorced, Unknown, Married, Separated, Widowed, Not Collected

29. Number of Children Under 17 living/not living with client: [ ] [ ]

30. Number of Children spent last 6 months living with client: [ ] [ ]

31. If #41 is a positive number are Children living with someone else because of Protection order?

- Yes, No

32. Substance (primary)

- None, Cocaine/Crack, Heroin, Methadone, Other Opiates/Synthetics, PCP, Methamphetamines, Other Stimulants, Other Tranquilizers, Other Sedatives/Hypnotics, Inhalants, Steroids, Other, Other Prescribed Analgesics, Alcohol, Marijuana/Hashish, Non Prescription, Other Hallucinogens, Other Amphetamines, Benzodiazepines, Barbiturates, Over the Counter, Ecstasy, Oxycontin

Frequency of use (primary)

- N/A, No use in past six months, No use in the past month, 1 to 3 times in the past month, 1 to 2 times per week, 3 to 6 times per week, Once daily, 2 to 3 times daily, more than 3 times daily, Unknown

Method of Use (primary)

- Oral, Inhalation, Non IV Injection, Nasal, N/A, Smoking, IV Injection, Other



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Substance (Secondary)

- None, Cocaine/Crack, Heroin, Methadone, Other Opiates/Synthetics, PCP, Methamphetamines, Other Stimulants, Other Tranquilizers, Other Sedatives/Hypnotics, Inhalants, Over the Counter Medication, Steroids, Other, Other Prescribed Analgesics, Alcohol, Marijuana/Hashish, Non Prescription, Other Hallucinogens, Other Amphetamines, Benzodiazepines, Barbiturates, Ecstasy, Oxycontin

Frequency of use (Secondary)

- N/A, No use in past six months, No use in the past month, 1 to 3 times in the past month, 1 to 2 times per week, 3 to 6 times per week, Once daily, 2 to 3 times daily, more than 3 times daily, Unknown

Method of Use (Secondary)

- Oral, Inhalation, Non IV Injection, Nasal, N/A, Smoking, IV Injection, Other

Substance (Tertiary)

- None, Cocaine/Crack, Heroin, Non Prescription Methadone, Other Opiates/Synthetics, PCP, Methamphetamines, Other Stimulants, Other Tranquilizers, Other Sedatives/Hypnotics, Inhalants, Over the Counter Medication, Steroids, Other, Other Prescribed Analgesics, Alcohol, Marijuana/Hashish, Other Hallucinogens, Other Amphetamines, Benzodiazepines, Barbiturates, Ecstasy, Oxycontin

Frequency of use (Tertiary)

- N/A, No use in past six months, No use in the past month, 1 to 3 times in the past month, 1 to 2 times per week, 3 to 6 times per week, Once daily, 2 to 3 times daily, more than 3 times daily, Unknown

Method of Use (Tertiary)

- Oral, Inhalation, Non IV Injection, Nasal, N/A, Smoking, IV Injection, Other

33. Was the Substance prescribed to the client?

- Primary, Secondary, Tertiary, Yes, No, N/A

34. Age of First Use (primary):

Grid for Age of First Use (primary)

35. Age of First Use (secondary):

Grid for Age of First Use (secondary)

36. Age of First Use (tertiary):

Grid for Age of First Use (tertiary)

37. Other Addictions:

- Gambling, None, Other, Compulsive Disorder, Eating Disorder

38. Number of days Abstinent in last 30 days:

Grid for Number of days Abstinent in last 30 days

39. Number of days in support group in last 30 days:

Grid for Number of days in support group in last 30 days

40. Number of days attended AA/NA or similar meetings in last 30 days?

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Name of person completing \_\_\_\_\_ Date \_\_\_\_\_

41. Number of days of work/school missed in last 6 months due to SA related Problems: [ ][ ]

42. Does the client currently use tobacco? [ ] No Tobacco Use [ ] Cigarettes [ ] Cigars or Pipes [ ] Smokeless Tobacco [ ] Combo/more than 1

43. Daily Frequency of Cigarette use: [ ] No cigarette use [ ] less than 1/2 pack [ ] 1/2 to 1 pack [ ] 1 to 2 packs [ ] greater than 2 packs

44. Last SA environment in last 10 years: [ ] No Previous Admission [ ] Medically managed detox [ ] Medically monitored detox [ ] Medically managed intensive inpatient [ ] Clinically managed high intensity residential [ ] Clinically managed medium intensity residential [ ] Day treatment/partial hospitalization [ ] Clinically managed low intensity residential [ ] Continuing care [ ] Extended outpatient [ ] Intensive outpatient [ ] Outpatient detox [ ] Medically monitored intensive inpatient [ ] PMIC

45. Number of Arrests in past 12 months: [ ][ ]

46. Number of Arrests in past 30 days: [ ][ ]

47. Number of OWI in last 12 months: [ ][ ]

48. Non-drug or alcohol related crimes while under the influence in the last 12 months: [ ][ ]

49. Non-drug or alcohol related crimes while not under the influence in the last 12 months: [ ][ ]

50. Drug or alcohol related crimes in the last 12 months: [ ][ ]

51. Recommended Environment: [ ] No treatment recommended [ ] Medically managed detox [ ] Medically monitored detox [ ] Medically managed intensive inpatient [ ] Clinically managed high intensity residential [ ] Clinically managed medium intensity residential [ ] Day treatment/partial hospitalization [ ] Clinically managed low intensity residential [ ] Continuing care [ ] Extended outpatient [ ] Intensive outpatient [ ] Outpatient detox [ ] Medically monitored intensive inpatient [ ] PMIC [ ] Extended Outpatient – Families in Focus [ ] Intensive Outpatient – Families in Focus

52. Actual Environment: [ ] No treatment recommended [ ] Medically managed detox [ ] Medically monitored detox [ ] Medically managed intensive inpatient [ ] Clinically managed high intensity residential [ ] Clinically managed medium intensity residential [ ] Day treatment/partial hospitalization [ ] Clinically managed low intensity residential [ ] Continuing care [ ] Extended outpatient [ ] Intensive outpatient [ ] Outpatient detox [ ] Medically monitored intensive inpatient [ ] PMIC [ ] Extended Outpatient – Families in Focus [ ] Intensive Outpatient – Families in Focus

53. Clinical Override: [ ] N/A [ ] Lack of insurance benefits [ ] Managed care refusal [ ] Clinical judgment [ ] Patient opinion [ ] Level of care not available [ ] Legal issues [ ] Other