

# Iowa's Integration Project (PIPBHC) Client Intake Notification Form

**\*\*This should be submitted to IDPH within 7 days of the NOM's INTAKE\*\***

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Name of staff member completing form: \_\_\_\_\_

Treatment Admission Date<sup>1</sup>: \_\_\_\_\_ Client ID Number: \_\_\_\_\_ (11 digits)

NOM's Intake Date<sup>2</sup>: \_\_\_\_\_

Client Eligibility: Please select "Y" for Yes or "N" for No. If client does not want to answer or question is not applicable, please select NA. If answer is "Y" (yes), please include the ICD-10-CM code(s).			
Substance Use Disorder Diagnosis:	Y	N	NA
Mental Health Disorder Diagnosis:	Y	N	NA
Physical Health Diagnosis:	Y	N	NA

Client Information: Please select "Y" for Yes or "N" for No. If client does not want to answer or question is not applicable, please select NA.			
Does client participate in supportive housing or independent living currently?	Y	N	NA
Is client currently involved with the criminal justice system?	Y	N	NA
Is client currently attending social and rehabilitative programs?	Y	N	NA
Is client currently participating in job training opportunities?	Y	N	NA
If client is currently working, does the client report satisfactory performance in current work setting?	Y	N	NA
Has the client been hospitalized in the last 30 days? If so, for what reason, and for how long was the client hospitalized?	Y	N	NA

Client Information: Please select "Y" for always or almost always, "M" for half or close to half of the time and "N" for no or almost never. If client does not want to answer or question is not applicable, please select NA.	
Is client attending scheduled medical and behavioral health appointments?	Y (always or almost always) M (half of the time) N (no or almost never) NA
Is client compliant with prescribed medication regimes?	Y (always or almost always) M (half of the time) N (no or almost never) NA

<sup>1</sup> This date should match the **Treatment Admission Date** (when client entered treatment).

<sup>2</sup> This date should match the **NOM's Intake Interview Date** (when NOM's Intake Interview was conducted).

Behavioral Health Screenings:		
<b>PHQ-9:</b>	Screened: Y N NA If yes, Severity identified: _____	ICT Response:
<b>ACES:</b>	Screened: Y N NA If yes, Severity identified: _____	ICT Response:
<b>GADS-7:</b>	Screened: Y N NA If yes, Severity identified: _____	ICT Response:
<b>PC-PTSD:</b>	Screened: Y N NA If yes, Severity identified: _____	ICT Response:

Optional: IDPH will only be looking at PHI data in SPARS.

Systolic Blood Pressure	Diastolic Blood Pressure	Weight	Height	Waist Circumference	BMI
_____mmHg	_____mmHg	_____kg	_____cm	_____cm	_____ppm
Fasting Plasma Glucose or HgBA1c	Total Cholesterol	HDL Cholesterol	LDL Cholesterol	Triglycerides	Breath CO for smoking status
_____mg/dL Or _____%	_____mg/dL	_____mg/dL	_____mg/dL	_____mg/dL	_____ppm