

Clinician:

WITS Admission Form

Client Information (Profile)											
First Name (Full First Name)				Last Name (Full Last Name)				Gender			
								Male	Female		
								Transgender Female			
								Transgender Male			
DOB			SSN (Full Social Security Number)			Consent Decree?	Y	N	Veteran Status	Y	N
MM	DD	YYYY	###	##	####						
Ethnicity	01 - Not Hispanic or Latino					Race	01 - White				
	02 - Puerto Rican						02 - Black or African American				
	03 - Mexican						03 - American Indian/Alaskan Native				
	04 - Cuban						04 - Asian				
	05 - Other Specific Hispanic						05 - Native Hawaiian/Other Pacific Islander				
	06 - Hispanic Specific Origin Not Specified						06 - Other				
	98 - Unknown						98 - Unknown				
Intake Information											
Intake Facility				Intake Staff				County of Residence			
Source of Referral	01 - Self			12 - Probation/Parole			23 - Hospital				
	02 - Family Member			13 - Correctional Facility Maine			24 - School				
	03 - Employer			14 - County Jails			25 - AID Outreach Worker				
	04 - S/A Professional			15 - Augusta/Bangor MH Institute			26 - Comm Probation-DSAT				
	05 - Substance Abuse Agency			16 - Mental Health Agency			27 - Drug Court - DSAT				
	06 - Physician			17 - Friend			28 - Network/JASAE				
	07 - Other Non-S/A Professional			18 - EAP			29 - Juvenile Drug Court				
	08 - DEEP			19 - SAP			30 - Physician (PMP)				
	09 - Adult Protective/DHS			20 - State/Fed. Court			31 - Hospital (PMP)				
	10 - Child Protective/DHS			21 - Formal Adjudication			32 - Law Enforcement				
	11 - Substitute Care Services/DHS			22 - Self Help Groups							
Initial Contact Date			If Client is Female:		Due Date		MM	DD	YYYY		
MM	DD	YYYY			Y	N	Notes:				
Intake Date			Pregnant?		Y	N					
MM	DD	YYYY	Receiving Prenatal Treatment?		Y	N					
HIV Positive?	Y	Hep C Positive?	Y	Problem Area							
	N		N	Substance Abuse Only		Affected Other/Co-Dependent	Evaluation Only				
	Unknown		Unknown								
Injection Drug User?		Never		In Last 5 Years		If IVDU, did client share needles?		Y	N		
		In Last 6 Months		Prior to Last 5 Years							
Admission Information (Profile)											
Admission Type		Admission Staff			Admission Date			Affected other/Co-Dependent?			
Admission					MM	DD	YYYY	Y	N		
Shelter/Detox											
Unique Client Number:					Entered in WITS: (Name & Date)						

Admission Information (Profile Cont.)						
Prior Admissions in the past 12 months to the Following:						
Substance Abuse Treatment	#	Hospital Emergency Room	#			
Mental Health Treatment (Past 6 Months)	#	Medical Hospital Inpatient	#			
Mental Health Hospitalizations (Past 2 yrs)	#	Other Medical Treatment Locations	#			
Medical Treatment-Physician/Clinic	#		#			
MH/MR Diagnosis		Education Status (Highest Grade or Degree)				
00 - None		13 - Freshman College	17 - Masters 1			
01 - Diagnosed Mental Illness		14 - Sophomore College	18 - Masters 2			
02 - Diagnosed Mental Retardation		15 - Junior College	19 - PHD 1			
97 - Unknown		16 - Senior College	20 - PHD 2			
# of times the client has attended a self-help program in the prior 30 days to treatment services. (Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence)	No Attendance		16-30 Times			
	1-3 Times		Some Attendance.			
	4-7 Times		Frequency Unknown			
	8-15 Times		Unknown			
In your lifetime, how many times have you gambled (bet) with money or possessions?			0	10-19		
			1-2	20-39		
			3-9	40 +		
Has the money or time that you spent on gambling led to financial problems or problems in your work, or personal life?			Y	N		
Admission Information (Substance Abuse)						
*Primary Substance	*Frequency of Use	*Method	*Detailed Drug Code	Age of First Use	#	
<i>Code Value</i>	<i>Code Value</i>	<i>Code Value</i>	<i>Code Value</i>			
*Secondary Substance	*Frequency of Use	*Method	*Detailed Drug Code	Age of First Use	#	
<i>Code Value</i>	<i>Code Value</i>	<i>Code Value</i>	<i>Code Value</i>			
*Tertiary Substance	*Frequency of Use	*Method	*Detailed Drug Code	Age of First Use	#	
<i>Code Value</i>	<i>Code Value</i>	<i>Code Value</i>	<i>Code Value</i>			
Medication Assisted Treatment Planned						
01-None	02-Methadone	03-LAAM	04-Buprenorphine, Suboxone, Subutex			
05-Campral	06-Naltrexone	07-Vivitrol	08-Antabuse	09-Topamax		
Admission Information (Tobacco)						
Does Client Currently Use Tobacco?	Y	Age of First Use	#	Frequency Last 30 Days		
				00-None	12-1 1/2 Packs/Day	
	N	*Method	<i>Code Value</i>		10-1/2 Pack/Day	13-2 Packs/Day
					11-1 Pack/Day	14-2+ Packs/Day
Admission Information (Legal)						
Legal Status			Domestic Violence Offender?		Y N	
00 - No Legal Involvement	05 - Formal Adjudication		Num. of Arrests (12 Months)		#	
01 - Probation/Parole	06 - Driver's License Revocation		Num. Arrests (30 Days)		#	
02 - Furloughed	07 - Deferred Disposition		Num. OUI Arrests (12 Months)		#	
03 - Awaiting Court	99 - Other		Treatment To Satisfy DEEP?		Y N	
04 - Serving Sentence			DEEP Status	First Multiple Youth		
Admission Information (Program Enrollment)						
Facility Name	Program Name		Start Date			
			MM	DD	YYYY	