

**OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
CLIENT DATA CORE**

SECTION I Agency No. Satellite No. Date Transaction Occurred Time (Military) Transaction Type
 Client ID Birth Year Service Focus (01-14)

CLIENT RACE: (1 = Yes for all that apply/Blank = No)
 White Asian American Indian
 Native Hawaiian or Other Pacific Islander
 Black/African American
ETHNICITY: (1 = Yes/ 2 = No)
 Hispanic/Latino (If only H/L, then White European)

ALERT INFORMATION: (1 = Yes/ 2 = No)
 Battered while Pregnant History of DV
 History of IV Drug Use Chronic Homeless
 Homeless Other _____

PRIMARY REFERRAL: **AGENCY:**
SECONDARY REFERRAL: **AGENCY:**
COUNTY OF RESIDENCE: (01-77 or Other State Initial)
ZIP CODE: (Current Address/ 99999 for Homeless)

SECTION II
CLIENT SSN:
CURRENT RESIDENCE:
 1. Private Residence 5. Nursing Home
 2. On the Street 6. Community Shelter
 3. Residential Care Home 7. Supported Living
 4. Institutional Setting
LIVING SITUATION:
 1. Alone 3. With Non-Related Persons
 2. With Family/Relatives 4. With Batterer
EMPLOYMENT:
 1. Full-time 3. Unemployed
 2. Part-time 4. Not in Labor
TYPE OF EMPLOYMENT:
 1. Competitive 4. None
 2. Supported 5. Transitional
 3. Volunteer 6. Sheltered
IN SCHOOL?: (1 = Yes/ 2 = No)
MARITAL STATUS:
 1. Never Married 3. Divorced 5. Living as Married
 2. Married 4. Widowed 6. Separated

SECTION III
LANGUAGE PROFICIENCY:
 Does Client speak English well?: (1 = Yes/ 2 = No)
 If no, what language is preferred?: (1-9)
 If 2 or 9, then specify: _____
VETERAN STATUS: (1 = Yes/ 2 = No)
EDUCATION: (HIGHEST GRADE COMPLETED)
HANDICAP: (01-11/Blank)
LEGAL STATUS: **County of Commitment:**
PRESENTING PROBLEM: Primary Secondary Tertiary

Drugs Of Choice:
Usual Route of Administration:
Frequency Of Use: (1-5)
Age First Used:
LEVEL OF CARE: (CI, CL, OO, HA, SC, or SN)

SECTION V
CURRENT LOF: (GAF SCALE) (01-99)
CAR: (Mental Health) (01-50)
 Feeling Mood
 Thinking
 Substance Use
 Medical/Physical
 Family
 Interpersonal
 Role Performance
 Socio-Legal
 Self Care/Basic Needs
ASI: (Substance Abuse) (X)
 Medical
 Employ/Support
 Alcohol Use
 Drug Use
 Legal Status
 Family/Social Rel.
 Psychiatric Status
TASI: Under 18 (Scoring: 0 - 4)
 Chemical
 School
 Emp/Sup
 Family
 Peer/Soc
 Legal
 Psychiatric
SMI: (1 = Yes/ 2 = No) **SED:** (1 = Yes/ 2 = No)
In the past 30 days, how many times has the client been arrested or since admission if less than 30 days?
In the past 6 months, how many times has the client been arrested or since admission if less than 6 months?
FAMILY ID: Drug Court, DOC #, or DHS Case Number:

SECTION IV
(Complete only for Mental Health and Substance Abuse Clients 17 years old or younger)
 a. Is this child in the custody of (1 Yes/2 No)?
 OJA DHS
 b. Is child enrolled in special education?
 c. In what type of out-of-home placement is the child living? (select only one)
 1. Not in out of home placement 4. Foster Care
 2. Residential Treatment 5. Group Home
 3. Specialized Community Group Home
NAME: Legal: _____ Maiden: _____ First: _____ Middle: _____ Suffix: _____
CLIENT ADDRESS: (1) _____ (2) _____ **CITY:** _____ **STATE:** _____