

## Cal-OMS Administrative Discharge Form

The paper version should only be used as a supporting document during urgent occasions such as power outage or Sage system down, and the data must be submitted electronically. SAPC does not accept paper or scanned version of CalOMS submission.

Cal-OMS Administrative Discharge																												
<b>1.0. Level Of Care Admitted:</b> <i>(Linked to the Admission Record)</i>	<b>1.5. Record to be Submitted</b> Discharge <del>Discharge Delete</del> <i>(do not select)</i> <del>Discharge Update</del> <i>(do not select)</i> <del>None</del> <i>(do not select)</i>																											
<b>1.1. Discharge Date</b> <input style="width: 100%;" type="text"/>	<b>Flag for Resubmission:</b> No <i>(Default: No)</i> Yes																											
<b>1.2. Discharge Process Date</b> <input style="width: 100%;" type="text"/>																												
<b>1.3. Discharge Status</b> 04. Left before completing treatment/recovery plan goals w/ satisfactory progress (not referred or transferred) 06. Left before completing treatment/recovery plan goals w/ unsatisfactory progress (not referred or transferred) 07. Discharged by agency for cause (e.g., non-compliance with agency rules) 08. Death 09. Incarceration	<b>1.6. Current First Name</b> <input style="width: 100%;" type="text"/>																											
<b>1.4. Zip Code At Current Residence</b> <i>(five-digit number or 00000 for homeless client)</i> <input style="width: 100%;" type="text"/>	<b>1.7. Current Last Name</b> <input style="width: 100%;" type="text"/>																											
<b>1.8. Primary Drug (Code)</b> <i>(If "None", select "None or not applicable" for Q1.13; system will skip Q1.11 and auto-populate Q1.12 with special code "99902")</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tbody> <tr> <td style="width: 33%; padding: 2px;">Alcohol → <i>(Go to Q1.12)</i></td> <td style="width: 33%; padding: 2px;">Non-Prescription Methadone → <i>(Go to Q1.12)</i></td> <td style="width: 33%; padding: 2px;">Other Stimulants</td> </tr> <tr> <td style="padding: 2px;">Barbiturates</td> <td style="padding: 2px;">None → <i>(Go to Q1.13, select N/A)</i></td> <td style="padding: 2px;">Other Tranquilizers</td> </tr> <tr> <td style="padding: 2px;">Cocaine / Crack → <i>(Go to Q1.12)</i></td> <td style="padding: 2px;">Other (specify)</td> <td style="padding: 2px;">Over-the-Counter</td> </tr> <tr> <td style="padding: 2px;">Ecstasy → <i>(Go to Q1.12)</i></td> <td style="padding: 2px;">Other Amphetamines</td> <td style="padding: 2px;">OxyCodone / OxyContin → <i>(Go to Q1.12)</i></td> </tr> <tr> <td style="padding: 2px;">Heroin → <i>(Go to Q1.12)</i></td> <td style="padding: 2px;">Other Club Drugs</td> <td style="padding: 2px;">PCP → <i>(Go to Q1.12)</i></td> </tr> <tr> <td style="padding: 2px;">Inhalants</td> <td style="padding: 2px;">Other Hallucinogens</td> <td style="padding: 2px;">Tranquilizers (Benzodiazepine)</td> </tr> <tr> <td style="padding: 2px;">Marijuana / Hashish → <i>(Go to Q1.12)</i></td> <td style="padding: 2px;">Other Opiates or Synthetics</td> <td style="padding: 2px;">Unknown → <i>(Go to Q1.12)</i></td> </tr> <tr> <td style="padding: 2px;">Methamphetamine → <i>(Go to Q1.12)</i></td> <td style="padding: 2px;">Other Sedatives or Hypnotics</td> <td></td> </tr> </tbody> </table>			Alcohol → <i>(Go to Q1.12)</i>	Non-Prescription Methadone → <i>(Go to Q1.12)</i>	Other Stimulants	Barbiturates	None → <i>(Go to Q1.13, select N/A)</i>	Other Tranquilizers	Cocaine / Crack → <i>(Go to Q1.12)</i>	Other (specify)	Over-the-Counter	Ecstasy → <i>(Go to Q1.12)</i>	Other Amphetamines	OxyCodone / OxyContin → <i>(Go to Q1.12)</i>	Heroin → <i>(Go to Q1.12)</i>	Other Club Drugs	PCP → <i>(Go to Q1.12)</i>	Inhalants	Other Hallucinogens	Tranquilizers (Benzodiazepine)	Marijuana / Hashish → <i>(Go to Q1.12)</i>	Other Opiates or Synthetics	Unknown → <i>(Go to Q1.12)</i>	Methamphetamine → <i>(Go to Q1.12)</i>	Other Sedatives or Hypnotics		<b>1.12. Pregnant At Any Time During Treatment</b> <i>("No" must be selected for male clients.)</i> <ul style="list-style-type: none"> <li>• No</li> <li>• Not sure/Don't know</li> <li>• Yes</li> </ul>	
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<b>1.9. Primary Drug Name</b> <input style="width: 100%;" type="text"/>			<b>1.13. Disability (check all that apply)</b> <i>(Choose all that apply. If "None" is selected, no other values can be selected):</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tbody> <tr><td style="padding: 2px;">None</td></tr> <tr><td style="padding: 2px;">Hearing</td></tr> <tr><td style="padding: 2px;">Visual</td></tr> <tr><td style="padding: 2px;">Speech</td></tr> <tr><td style="padding: 2px;">Mobility</td></tr> <tr><td style="padding: 2px;">Mental</td></tr> <tr><td style="padding: 2px;">Developmentally Disabled</td></tr> <tr><td style="padding: 2px;">Client declined to state</td></tr> <tr><td style="padding: 2px;">Client unable to answer</td></tr> <tr><td style="padding: 2px;">Other</td></tr> </tbody> </table>		None	Hearing	Visual	Speech	Mobility	Mental	Developmentally Disabled	Client declined to state	Client unable to answer	Other														
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<b>1.10. Days of Primary Drug Use Last 30 Days</b> <input style="width: 100%;" type="text"/>																												
<b>1.11. Primary Drug Route of Administration</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tbody> <tr> <td style="width: 33%; padding: 2px;">Oral - ingested by mouth</td> <td style="width: 33%; padding: 2px;">Inhalation</td> <td style="width: 33%; padding: 2px;">None or not applicable</td> </tr> <tr> <td style="padding: 2px;">Smoking</td> <td style="padding: 2px;">Injection</td> <td style="padding: 2px;">Other</td> </tr> </tbody> </table>			Oral - ingested by mouth	Inhalation	None or not applicable	Smoking	Injection	Other																				
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