CLIENT EPISODE CLOSING
DATA ENTRY FORM

Confidential Patient Information
See Welfare & Institution Code 5328

ADMINISTRATIVE DISCHARGE CLOSING

* Client Name: Last __________________________ First __________________________ MI: ______________
Client Number: __________________________
Administrative Discharge: ___

Screen 1

1. * Discharge Date: ___ ___ ___ ___ ___ ___
   Month   Day   Year
2. * Discharge Status: ______

3. * Client Pregnant During Treatment (Y/N/Z1): ______

4. * Primary Problem: ______

5. * Primary Drug Name: __________________________

Item 2 - Discharge Status
4  Left Before Completion w/ Satisfactory Progress / Not Referred
6  Left Before Completion w/ Unsatisfactory Progress / Not Referred
7  Death
8  Incarceration

Item 4 - Substance Problem

<table>
<thead>
<tr>
<th>01 Heroin</th>
<th>06 Other Amphetamines</th>
<th>11 Other Hallucinogens</th>
<th>16 Inhalants</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 Alcohol</td>
<td>07 Other Stimulants</td>
<td>12 Benzodiazepine</td>
<td>17 Over the Counter</td>
</tr>
<tr>
<td>03 Barbiturates</td>
<td>08 Cocaine/Crack0</td>
<td>13 Other Tranquilizers</td>
<td>18 OxyCodone/OxyContin</td>
</tr>
<tr>
<td>04 Other Seds/Hypnotics</td>
<td>09 Marijuana/Hashish</td>
<td>14 Non-Prescription Methadone</td>
<td>19 Ecstasy</td>
</tr>
<tr>
<td>05 Methamphetamines</td>
<td>10 PCP</td>
<td>15 Other Opiates and Synthetics</td>
<td>20 Other Club Drugs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Z0 = Client Declines to State Z1 = Not Sure/Don't Know Z2 = Not Applicable Z3 = Other Z4 = Client Unable to Answer

(*) Fields are required for CalOMS data collection

Highlighted fields are mandatory