PM FORM 7.5.1: ADHS/DBHS BEHAVIORAL HEALTH CLIENT DEMOGRAPHIC INFORMATION SHEET

Please consult the ADHS/DBHS Demographic Data Set User Guide for specific information on how to select valid values for the data elements collected on this form and timeframe requirements for submission.

Client Name: First: **Last**:

Client ID: **T/RBHA ID:** **Intake Date:** / /

Date of Birth: / / **Reason for Submission:** ☐ Intake ☐ Change ☐ Disenrollment

Referral Date: / / **Clinical Liaison Name:**

Clinical Liaison AHCCCS ID (the number used for billing purposes):

Referral Source (check one)

- ☐ Self / Family / Friend
- ☐ Other Behavioral Health Provider
- ☐ Federal Agency (VA, IHS, Federal Prison, etc.)
- ☐ AHCCCS Health Plan and/or PCP
- ☐ CPS-24 Hour Urgent Response
- ☐ Community agency other than Behavioral Health Provider (homeless shelter, church, employee)
- ☐ Arizona Department of Economic Security (ADES) (Other CPS, DDD, RSA)
- ☐ Arizona Department of Education (ADE)
- ☐ Criminal justice/correctional (includes AOC-Probation, ADOC, ADJC, Jail)
- ☐ Other

OMB Race Category (check all that apply):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

OMB Hispanic / Latino: ☐ Yes ☐ No

Presenting Concerns (check all that apply):

- ☐ Suicidal
- ☐ Assaultive
- ☐ Victim of Abuse, Neglect, and/or Violence (ANV)
- ☐ Anxiety and/or stress
- ☐ Depressed
- ☐ Psychotic (impaired reality, thought disorganization)
- ☐ Substance abuse
- ☐ Unable to care for self (e.g., dehydrated, malnourished, malodorous)
- ☐ Family relational problems
- ☐ Child behavioral problem
- ☐ Other

Descriptive Characteristics Effective Date: / /

Household Size: **Household Income** (gross monthly):

Treatment Participation (check one):

- ☐ Voluntary
- ☐ Involuntary – Criminal
- ☐ Involuntary – Civil

Other Agency Involvement (check all that apply)

- ☐ ADOC, or Adult Parole
- ☐ ADJC, or Juvenile Parole
- ☐ ADHS / Children Rehabilitation Services (CRS)
- ☐ AOC – Adult Probation
- ☐ AOC – Juvenile Probation
- ☐ ADES / CPS
- ☐ ADES / DDD
- ☐ ADES / RSA
- ☐ School Special Education
- ☐ Other

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Effective: 09/01/2005

Primary Residence (check one):

- ☐ Independent (with roommate or by self, no support)
- ☐ Hotel
- ☐ Boarding Home
- ☐ Supervisory care/assisted living
- ☐ Arizona State Hospital
- ☐ Jail/prison/detention
- ☐ Homeless/homeless shelter
- ☐ Foster home
- ☐ Nursing home
- ☐ Home with family
- ☐ Crisis shelter
- ☐ Level I, II or III behavioral health treatment setting
- ☐ Transitional housing (Level IV)
- ☐ Other

Formal Schooling Level (check one)

- ☐ Less than 1 year
- ☐ High school graduate or GED
- ☐ Vocational/Technical school
- ☐ Some College, no Degree
- ☐ AA / BA degree
- ☐ Graduate or Post-Graduate
- ☐ Unknown
- ☐ K – 3
- ☐ 4 – 6
- ☐ 7 – 8
- ☐ 9 – 12

AXIS I (enter all AXIS I diagnoses using valid ICD 9 CM codes):

I – 1: .
I – 2: .
I – 3: .
I – 4: .
I – 5: .

AXIS II (enter all AXIS II diagnoses using valid ICD 9 CM codes):

II – 1: .
II – 2: .

AXIS III, General Medical Conditions (check all that apply, up to 5; indicate AXIS III – 1, 2, 3, 4, or 5 next to each checked item):

- ☐ Not Applicable
- ☐ Infectious and parasitic diseases
- ☐ Neoplasm
- ☐ Endocrine, nutritional, metabolic diseases, and immunity disorders
- ☐ Diseases of the blood and blood-forming organs
- ☐ Disease of the nervous system and sensory organs
- ☐ Disease of the circulatory system
- ☐ Diseases of the respiratory system
- ☐ Diseases of the digestive system
- ☐ Diseases of the genitourinary system
- ☐ Complications of pregnancy, childbirth, puerperium
- ☐ Diseases of the skin and subcutaneous tissues
- ☐ Diseases of the musculoskeletal system and connective tissues
- ☐ Congenital anomalies
- ☐ Conditions originating in the prenatal period
- ☐ Symptoms, signs, and ill-defined conditions
- ☐ Injury or poisoning

AXIS V, Global Assessment Functioning score or Children Global Assessment Scale:

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Behavioral Health Category (check one):

- ☐ Child, non-SED
- ☐ Child, with SED
- ☐ Adult, with SMI
- ☐ Adults, non-SMI with substance use disorder
- ☐ Adult, non-SMI, with general mental health need

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Employment Status (check one):

- ☐ Employed, full-time without support
- ☐ Employed part-time without support
- ☐ Employed full-time with support
- ☐ Employed part-time with support
- ☐ Unemployed (looking for word/receiving unemployment benefits)
- ☐ Volunteer
- ☐ Unpaid rehabilitation activities
- ☐ Retired, homemaker, or student
- ☐ Unknown

Educational Status (check yes if client is currently in a school/vocational program):

☐ No ☐ Yes

Number of Arrests(6 months prior to intake or since last change):

Outcome Indicators Effective Date: / /

SA Primary Drug Type (check one; indicates the current primary substance used in the past 30 days):

- ☐ None (No substance use in past 30 days)
- ☐ Alcohol (Beverage Alcohol)
- ☐ Cocaine/crack (CNS Stimulants)
- ☐ Marijuana/Hashish
- ☐ Heroin/Morphine (Opiates/Narcotics)
- ☐ Other Opiates/Synthetics
- ☐ Hallucinogens
- ☐ Methamphetamine/Speed (CNS Stimulants)
- ☐ Other Stimulants
- ☐ Benzopdiazpines (CNS Depressants)
- ☐ Other Sedatives/Tranquilizers (CNS Depressants)
- ☐ Inhalants
- ☐ Other drugs

SA Primary Frequency (check one):

- ☐ No use during the past month
- ☐ 1-3 times in past month
- ☐ 1-2 times per week
- ☐ 3-6 times per week
- ☐ 1 or more times per day

SA Primary Route (check one):

- ☐ Oral
- ☐ Smoking
- ☐ Inhalation
- ☐ Injection
- ☐ No use during past month

SA Primary Age First Use:

SA Secondary Drug Type (check one; indicates the current secondary substance used in the past 30 days):

- ☐ None (No substance use in past 30 days)
- ☐ Alcohol (Beverage Alcohol)
- ☐ Cocaine/crack (CNS Stimulants)
- ☐ Marijuana/Hashish
- ☐ Heroin/Morphine (Opiates / Narcotics)
- ☐ Other Opiates/Synthetics
- ☐ Hallucinogens
- ☐ Methamphetamine/Speed (CNS Stimulants)
- ☐ Other Stimulants
- ☐ Benzopdiazpines (CNS Depressants)
- ☐ Other Sedatives/Tranquilizers (CNS Depressants)
- ☐ Inhalants
- ☐ Other drugs

SA Secondary Frequency (check one):

- ☐ No use during the past month
- ☐ 1-3 times in past month
- ☐ 1-2 times per week
- ☐ 3-6 times per week
- ☐ 1 or more times per day

SA Secondary Route (check one):

- ☐ Oral
- ☐ Smoking
- ☐ Inhalation
- ☐ Injection
- ☐ No use during past month

SA Secondary Age First Use:

SA Past Drug Type (check one; indicates substance used in past 12 months, other than that which was used in the past 30 days):

- ☐ None (No substance use in past 30 days)
- ☐ Alcohol (Beverage Alcohol)
- ☐ Cocaine/crack (CNS Stimulants)
- ☐ Marijuana/Hashish
- ☐ Heroin/Morphine (Opiates / Narcotics)
- ☐ Other Opiates/Synthetics
- ☐ Hallucinogens
- ☐ Methamphetamine/Speed (CNS Stimulants)
- ☐ Other Stimulants
- ☐ Benzopdiazpines (CNS Depressants)
- ☐ Other Sedatives/Tranquilizers (CNS Depressants)
- ☐ Inhalants
- ☐ Other drugs

Special Fund Source – COOL (check yes if the person receives services through the COOL program):

☐ Yes ☐ No

Special Population Identifier, Woman with Dependent Children (women only; check all that apply):

- ☐ Woman with dependent child(ren)
- ☐ Pregnant or post-partum (client's only considered post-partum up to 3 months from the date of delivery)

Special Population Identifier, SMI Priority Population (clients enrolled in the RBHA serving Maricopa County (GSA 6) only):

- ☐ Yes, the client is part of the SMI priority population per the Arnold v. Sarn exit stipulation criteria
- ☐ No, the client is not part of the SMI priority population

Reason for Disenrollment (check one):

- ☐ Client not disenrolled
- ☐ Treatment completed
- ☐ Client declined further service
- ☐ Lack of contact
- ☐ Change in eligibility/entitlement information
- ☐ Incarceration (committed to ADOC)
- ☐ Death of a person
- ☐ Moved out of area
- ☐ Inter-T/RBHA transfer
- ☐ Crisis event

Reason for Disenrollment – Crisis Event (check one):

- ☐ Client not disenrolled
- ☐ Treatment completed
- ☐ Client declined further service
- ☐ Lack of contact

Avoid Delinquency (as determined by the Child and Family Team or Clinical Liaison; for persons not age 6 thru 17, check not applicable due to age):

☐ Yes ☐ No ☐ Not applicable due to age

Success in School (as determined by the Child and Family Team or Clinical Liaison; for persons not age 6 thru 17, check not applicable due to age):

☐ Yes ☐ No ☐ Not applicable due to age

Stable and Productive Adults (as determined by the Child and Family Team or Clinical Liaison; for persons not age 6 thru 17, check not applicable due to age):

☐ Yes ☐ No ☐ Not applicable due to age

Lives with Family (as determined by the Child and Family Team or Clinical Liaison; for persons not age 0 thru 17, check not applicable due to age):

☐ Yes ☐ No ☐ Not applicable due to age

Increased Stability (as determined by the Child and Family Team or Clinical Liaison; for persons not age 0 thru 17, check not applicable due to age):

☐ Yes ☐ No ☐ Not applicable due to age

Decrease in Safety Risk (as determined by the Child and Family Team or Clinical Liaison; for persons not age 0 thru 17, check not applicable due to age):
☐ Yes ☐ No ☐ Not applicable due to age

Served by CFT (is the child part of a functioning Child and Family Team? For persons not age 0 thru 17, check not applicable due to age):

☐ Yes ☐ No ☐ Not applicable due to age