

Demographic Form

Client Identification				Screening/Admission Data			
Name (Last, first, middle, maiden)		Record Number	Date Admitted		Date of Birth		Level of Admission
Address		Also Known As	County of Residence		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		Marital Status /Describe
		Home Phone	Work #	Ethnicity	Birth Place		Education Level/Describe
Social Security Number		Guardian/Next of Kin		Family Physician/Phone Number		# Prior Admits	Screeener/Evaluator
Mother's Name (include maiden)		Father's Name		Client's Employer/Location			
School/Grade Enrolled		School Resource Person		Employment Status/ Describe		EAP Employer Code 000	
Living Arrangement/Describe		# Household	Income Code 99		Ability to Pay/Describe		Census Tract/Zip Code
Unique ID #		Ethnicity/Describe		Veteran Status <input type="checkbox"/> Yes <input type="checkbox"/> No		Competency Status/Describe	
						Admission/Referral Source/Describe	

DIAGNOSTIC DATA

Type	Code	Description	Date

Complete for Substance Abuse Diagnosis Only

Major Substance(s) Abused Prior to Admission		Usual Route of Administration		Frequency of Substance Abuse Use		Age of First Drug Use or Alcohol Intoxication	
Drug Name	Code	Route	Code	Code		Age	
Primary Drug		Primary Drug		Primary Drug		Primary Drug	
Secondary Drug		Secondary Drug		Secondary Drug		Secondary Drug	
Tertiary Drug		Tertiary Drug		Tertiary Drug		Tertiary Drug	
Pregnancy Status of Client <input type="checkbox"/> Yes <input type="checkbox"/> No		NC-TOPPS / COI Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		Notice of Privacy Practices Received and Explained <input type="checkbox"/> Yes <input type="checkbox"/> No			

TERMINATION DATA

Date Terminated		Type Termination		Date of Last Contact	
Referral at Termination/Describe		Living Arrangements/Describe		Termination NC-TOPPS / COI Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	