

**MACSIS Intake**

Revised 7/19/2011

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Phone Intake Date/Time: \_\_\_\_\_ 1<sup>st</sup> Seen Date/Time: \_\_\_\_\_

Level of Care not consistent with assessment (AOD only)?

Reason: Agency Financial Constraints/Appropriate LOC not available/Undue Client Hardship/Other

Referred by: \_\_\_\_\_

Highest Education Level Completed: \_\_\_\_\_

Regular/SBH/LD/Hearing/Visually/Multihandicapped/Developmental  
Handicapped/Orthopedically/Other

Current Education Enrollment (Pick one):

K-12/GED classes/Vocational –Job Training/College/Other/Not Enrolled/Unknown

Current Employment Status (Pick One):

Full Time (>35/week)/Part Time/Sheltered Employment/Unemployed—Seeking Work  
Homemaker/Student/Retired/Disabled/Inmate/Other

Current Income Source by Client—not family income (Pick One):

Wages/Family/Alimony/Child Support/Savings/Disability-Workers Comp/Unemployment/Retirement/  
SSR/GR/ADC/SSI/SSDI/Other/None

Current Living Arrangements (Pick One):

Own (parents) Home/Friend/Relative/Supervised Group/Supervised Apartment/Boarding Home/Crisis  
Residential/Child Foster Care/Adult Foster Care/Intermediate Nursing Home/Skilled Nursing  
Home/Respite Care/MR-Intermediate/MR-Group Home/State MR Institution/Hospital/Correctional  
Facility/Homeless/Convalescent Home/Other

\_\_\_\_\_ # People under age 18 in home (not counting foster siblings—include fetus if pregnant)?

# Prior AOD treatment episodes: \_\_\_\_\_

Currently in Opioid Replacement Therapy

MH problem in addition to AOD problem

Special Population (Select all that apply):

SMD/SED

AOD

Forensic Legal Status

Mentally Ill/Developmentally Disabled

Deaf/Hearing Impaired

Blind/Sight Impaired

Physically Disabled

Language Barriers/English Second Language

Hepatitis C

Transgender

Client Custody of (or placed by) ODJFS or Children's Services

Speech Impaired

Physical Abuse Victim

Sexual Abuse Victim

Domestic Violence Victim

Child of AOD

HIV/AIDS

Suicidal

Primary Reimbursement (pick one):

BlueCross-BlueShield/Other Government Payments/Other Health Insurance/Medicaid/Medicare/No Charge/Other Payment Source/Self Pay/ Worker's Compensation

# of Self Help sessions in the past month (AA/NA/etc): \_\_\_\_\_

\_\_\_\_\_ # of arrests the past 30 days (any offense)

Current Military Status: Active Duty/Disabled Veteran/Discharge/None  
Iraq Veteran Afghanistan Veteran

Pregnant on Admission

Stage of Pregnancy \_\_\_\_\_

# Child Births within last 5 years? \_\_\_\_\_

Total number of births (live and still) \_\_\_\_\_

Age of first intoxication: \_\_\_\_\_

	Primary Drug	Secondary	Tertiary
Drug Type			
Frequency of Use in preceding 30 days			
Route of Administration			
Age First Used			

Signature Of Person Completing this Form	Date Completed
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Entered into MIS System