

## MACSIS Intake

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

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

- Will be receiving AOD services at this agency (LOC=B1 else LOC=NA)
- Seeking services as the result of the relationship with alcohol/drug user.

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

**# of Previous Alcohol/Drug Addiction Services Episodes:**

- \_\_\_\_\_ Inpatient
- \_\_\_\_\_ Intensive Outpatient
- \_\_\_\_\_ General Outpatient
- \_\_\_\_\_ Rehabilitation

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

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

- Urinalysis required on treatment plan.
- Has a previous mental health treatment history.
- Veteran
- Methadone is being used as part of the current treatment.

- Pregnant on Admission

\_\_\_\_\_ # of days from referral by primary care physician until assess for substance abuse

- Medicaid HMO/PPO

\_\_\_\_\_ Which trimester first seen by primary care physician

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

**Health Care Use In Last 12 Months:**

- \_\_\_\_\_ Hospital Admissions
- \_\_\_\_\_ ER Visits
- \_\_\_\_\_ Medical Doctor Visits
- \_\_\_\_\_ Dental Visits
- \_\_\_\_\_ Other Healthcare Visits

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

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

Employment Status (Pick One):

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

Income Source by Client—not family income(up to 3, rank in order):

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

\_\_\_\_\_ Individual Monthly Income (not family income)

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

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

- Child In Legal Custody of ODHS/Children's Services

Legal Status: \_\_\_\_\_

Special Population Group (all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> SMD/SED                            | <input type="checkbox"/> Speech Impaired           |
| <input type="checkbox"/> AOD Abuse                          | <input type="checkbox"/> Physical Abuse Victim     |
| <input type="checkbox"/> Forensic                           | <input type="checkbox"/> Sexual Abuse Victim       |
| <input type="checkbox"/> Developmental Disabled             | <input type="checkbox"/> Domestic Violence Victim  |
| <input type="checkbox"/> Mentally Ill and Mentally Retarded | <input type="checkbox"/> Child of Substance Abuser |
| <input type="checkbox"/> DUI/DWI                            | <input type="checkbox"/> HIV/AIDS                  |
| <input type="checkbox"/> Deaf                               | <input type="checkbox"/> Suicidal                  |
| <input type="checkbox"/> Hearing Impaired                   | <input type="checkbox"/> School Drop Out           |
| <input type="checkbox"/> Blind                              | <input type="checkbox"/> Probation/Parole          |
| <input type="checkbox"/> Visually Impaired                  | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Physically Disabled                | <input type="checkbox"/> None of the Above         |

Signature Of Person Completing this Form	Date Completed
--	----------------

- Entered into MIS System