

# LCDAC

## Client Admission Form

All fields are to be completed

Provider Name: \_\_\_\_\_

DDAP License #: \_\_\_\_\_

LCDAC Client #: \_\_\_\_\_

SSN: _____	Birth Date: _____	
First Name: _____	Current Last Name: _____	
	Birth Last Name: _____	
Sex: _____ (Please Select)	Race: _____ (Please Select)	Ethnicity: _____ (Required if Ethnicity is of Hispanic/Latino Origin)
Street Address: _____		
City: _____	State: _____	
Zip Code: _____	County: _____	
Admission Date: _____		
Referral Source: _____ (Please Select)	Legal Status: _____ (Required if Referral source is Court/Criminal Justice)	
Level of Care: _____ (Please Select)		
Why in Treatment: _____ (Please Select)	Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (Required if Sex is not Male)	
Marital Status: _____ (Please Select)	Living Arrangement: _____ (Please Select)	
No. of Minor Children: _____	No. of Other Dependents: _____	
Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Health Insurance: _____ (Please Select)		

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Provider Name: \_\_\_\_\_

DDAP License #: \_\_\_\_\_

LCDAC Client #: \_\_\_\_\_

Employment Status: \_\_\_\_\_  
(Please Select)

Primary Income Source: \_\_\_\_\_  
(Please Select)

Education: \_\_\_\_\_  
(Please Select)

No. of Client Arrests 30 days prior to Admission: \_\_\_\_\_

Prior Treatment: \_\_\_\_\_  
(Please Select)

Psychiatric Problem in addition to Alcohol or Drug Problem:  Yes  No  Unknown

Medication-Assisted Opioid Therapy: \_\_\_\_\_  
(Please Select)

### SUBSTANCE USE AT ADMISSION

#### PRIMARY SUBSTANCE

Substance Used: \_\_\_\_\_  
(Please Select)

Method: \_\_\_\_\_  
(Please Select)

Frequency: \_\_\_\_\_  
(Please Select)

Age First Used: \_\_\_\_\_

#### SECONDARY SUBSTANCE

Substance Used: \_\_\_\_\_  
(Please Select)

Method: \_\_\_\_\_  
(Please Select)

Frequency: \_\_\_\_\_  
(Please Select)

Age First Used: \_\_\_\_\_

#### TERTIARY SUBSTANCE

Substance Used: \_\_\_\_\_  
(Please Select)

Method: \_\_\_\_\_  
(Please Select)

Frequency: \_\_\_\_\_  
(Please Select)

Age First Used: \_\_\_\_\_