



OBHIS Admissions Records Client Form

The following information is requested by OMHAS (Ohio Mental Health and Addiction Services)

Client Name _____

Date of Birth _____

Admission Type

☐ Alcohol/Other Drug ☐ Mental Health ☐ Alcohol/Drug and Mental Health

Assessment and Referral Only

☐ No ☐ Alcohol/Other Drug ☐ Mental Health ☐ Alcohol/Other Drug Alcohol/Drug and Mental Health

Paying Entity/Board: _____

Please complete this information for the registering child/adult.

Current Educational Enrollment

☐ K-12th Grade
☐ GED Classes
☐ College
☐ Other Schooling (e.g. Adult Basic, Ed; Literacy)
☐ Vocational/Job Training
☐ Has not attended school in last three months
☐ Unknown

Education Type (If K-12 Selected)

☐ Has Individual Education Plan (IEP)
☐ Does Not Have an Individual Education Plan (IEP)
☐ Unknown

Highest Education Level Completed

<input type="checkbox"/> < 1 st grade	<input type="checkbox"/> High School Diploma/GED
<input type="checkbox"/> 1 st grade	<input type="checkbox"/> Technical School
<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> Some College
<input type="checkbox"/> 3 rd grade	<input type="checkbox"/> 2 Yr. College/Assoc. Degree
<input type="checkbox"/> 4 th grade	<input type="checkbox"/> 4 Yr. College/Bach Degree
<input type="checkbox"/> 5 th grade	<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> 6 th grade	<input type="checkbox"/> Unknown
<input type="checkbox"/> 7 th grade	
<input type="checkbox"/> 8 th grade	
<input type="checkbox"/> 9 th grade	
<input type="checkbox"/> 10 th grade	
<input type="checkbox"/> 11 th grade	

Primary Reimbursement

☐ Blue Cross
☐ Medicaid
☐ Medicare
☐ No Charge
☐ Other Government Payments
☐ Other Health Insurance
☐ Other payment source
☐ Self-Pay

Primary Source of Income/Support

☐ Disability (SSI/SSD/WC)
☐ Family Relative
☐ Public Assistance
☐ Retirement/Pension
☐ Wages/Salary
☐ None
☐ Other
☐ Workers Compensation

Living Arrangement at Admission

☐ Private Residence - Adult
☐ Private Residence -Child
☐ Permanent Supportive Housing
☐ Residential Care/Group Home/ACF
☐ Community Residence
☐ Temporary Housing
☐ Foster Care
☐ DD Licensed/Operated Facility
☐ Correctional Facility
☐ Homeless
☐ Other
☐ Unknown

Please complete both sides of this form

Please complete this information for the registering child/adult.

Does Client Use Tobacco Products

☐ Yes ☐ No ☐ Unknown

Military Status

☐ Active
☐ Discharged
☐ Disabled Veteran
☐ None

Client County of Residence: _____

Number of arrests in the past 30 days : _____

Employment at Admission

☐ Full Time
☐ Part Time
☐ Sheltered
☐ Unemployed but actively looking for work

NOT in LABOR FORCE

☐ Disabled
☐ Engaged in Residential/Hospitalization
☐ Homemaker
☐ Inmate in Jail/Prison/Corrections
☐ Retired
☐ Student
☐ Volunteer Worker
☐ Unknown

Referred by

☐ Individual (self-referral/family/friend)
☐ Alcohol/Other Drug After-Care
☐ Mental Health Provider
☐ Other Health Provider
☐ School
☐ Employer/EAP
☐ Child Welfare (CDJFS, CSBS)
☐ Ohio Family and Children First Council
☐ Other Community Provider
☐ State Psychiatric Hospital
☐ State Prison
☐ Jail
☐ Courts/Other Criminal Justice
☐ TASC: Courts/CJ – Felony
☐ TASC: Courts/CJ – Juvenile
☐ TASC: Courts/CJ – Municipal
☐ Unknown

Number of Children in Household under 18: _____

Required for Female Clients

Childbirth in the last 5 Years

☐ Yes ☐ No ☐ Unknown

Is Client Currently Pregnant

☐ Yes ☐ No ☐ Unknown

Stage of Pregnancy

☐ First Trimester
☐ Second Trimester
☐ Third Trimester
☐ Unknown
☐ N/A

Lifetime Number of Births (live and still): _____

Please complete both sides of this form