

CLIENT ACT FORM

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Name:					Account #:				
Program #					Facility				

ACT ADMIT / DEMOGRAPHICS									
3. Admission Date (mmddyyyy)									
4. Act Facility									
5. Admission Status (check one)									
<input type="checkbox"/> Admission					<input type="checkbox"/> Readmission - Same Offense				
6. Case Number									
11. Employment Status									
<input type="checkbox"/> Employed Full Time			<input type="checkbox"/> Employed Part Time			<input type="checkbox"/> Public Assistance Benefits			
<input type="checkbox"/> Unemployed			<input type="checkbox"/> Not in Labor Force			Depleted			

ACT EDUCATION									
12. NON-DUI CLIENT									
a. Dangerous Drug Misdemeanor Client:					<input type="checkbox"/> Yes <input type="checkbox"/> No				
b. Driving Related Reduced Charge Client:					<input type="checkbox"/> Yes <input type="checkbox"/> No				
13. Court Number									
14. County of DUI Arrest									
15. Blood Alcohol Level		.				<input type="checkbox"/> Refused		<input type="checkbox"/> Unknown	
(Valid values are 0.00 to 0.55, Refused, or Unknown)									
16. Previous DUI/BAC Convictions:									
17. Previous ACT Programs Attended:									
18. Prior Treatment Episodes									
19. Mandatory Monitoring Required:					<input type="checkbox"/> Yes <input type="checkbox"/> No				

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Name:					Account #:				
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ACT Discharge									
Discharge Date: (mmddyyyy)									
Reason for Discharge (check one)									
<input type="checkbox"/> Completed Program					<input type="checkbox"/> Did Not Complete Program				
<input type="checkbox"/> Transferred					<input type="checkbox"/> Referred to Treatment				
Results of Assessment/Evaluation: (check one)									
<input type="checkbox"/> Misuse/No Problem					<input type="checkbox"/> Dependency				
<input type="checkbox"/> Abuser					<input type="checkbox"/> Unidentified				
Treatment Recommendations: (check one)									
<input type="checkbox"/> None					<input type="checkbox"/> IOP				
<input type="checkbox"/> Outpatient					<input type="checkbox"/> Inpatient				
Referral Program (Use Program Table)									
Referral Agency (Write Description)									
Comments:									