

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	<input type="checkbox"/> 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:														