

# CLIENT ACT FORM

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 Depleted			
<input type="checkbox"/> Unemployed		<input type="checkbox"/> Not in Labor Force					

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:									