**STEP POST-AUTH myAVATAR INTEGRATED SCREENING TOOL (v20221219)**

**Integrated Screening Tool:**

Client Name: Click or tap here to enter text. myAvatar ID Number: Click or tap here to enter text.

Sex (Listed on Insurance): [ ] Female [ ] Male Date of Birth: Click or tap to enter a date.

Did caller verbally consent to release of information: Reason for calling: Choose an item.

[ ]  Yes [ ]  No

Screening Date: Click or tap to enter a date.

Date of Initial Request: Click or tap to enter a date.

Is client Child/Youth, Transitional Age Youth or Adult/18 and Over? Choose an item.

What Service are you seeking now? Choose an item.

Screening Site: Choose an item.

Referral Source: Choose an item.

**Insurance/Legal Status:**

Medi-Cal Client: [ ] Yes [ ] No

Medi-Cal Number: Click or tap here to enter text.

Private Insurance or Health Plan (If yes, refer to private insurance): [ ] Yes [ ] No

Are you Conserved? [ ] Yes [ ] No

Name of Conservator: Click or tap here to enter text.

Conservator Phone Number: Click or tap here to enter text.

Are you on probation? [ ] Yes [ ] No Justice Involved? [ ] Yes [ ] No

Agent/Officer Name: Click or tap here to enter text.

Agent/Officer Number: Click or tap here to enter text.

**Substance Use**

In the past 14 days have you used drugs and/or alcohol? When was your last T.B. test?

[ ]  Yes [ ]  No Click or tap to enter a date.

If so, how many days did you use in a row: What was the result? Choose an item.

Click or tap here to enter text.

Have you used in the past 3 days? Are you interested in Medication Assisted Treatment

[ ]  Yes [ ]  No such as – Methadone, Suboxone, Buprenorphine or

 Vivtrol? [ ]  Yes [ ]  No

If yes, and over 18, do you want to be referred to Are you pregnant?

WM/detox? [ ]  Yes [ ]  No [ ]  Yes [ ]  No [ ]  NA

Do you have any current medical conditions?

[ ]  Yes [ ]  No

Do you have any medical conditions for which you are currently taking medications? [ ]  Yes [ ]  No

If yes, what conditions and which medications?

Click or tap here to enter text.

Do you have a safe place to live when not influenced by alcohol or drugs? [ ]  Yes [ ]  No

**Referred To:**

Is this an FDR client? [ ]  Yes [ ]  No

Client Referred: [ ]  Yes [ ]  No

Notes (Brief Client SUTS History)

Click or tap here to enter text.

Same day access appointment offered? [ ]  Yes [ ]  No