The following document is the key to filling out HI-WITS based on the Standardized Intake Form as always. Please Contact the HI-WITS helpdesk if need help with WITS;

WITS Project Manager | Yoseb Afsharzadeh
email: yoseb.afsharzadeh@doh.hawaii.gov
phone: 808 692 7538

WITS Consultant | Venessa Aab
email: venessa.aab@doh.hawaii.gov
phone: 808 692 7520

WITS Helpdesk email:
witshelp@doh.hawaii.gov
1 Name: ____________________________________________
   (First, Middle Initial, Last)

2 Current Address: ______________________________________

3 City/Island: _____________ / _____________ Zip Code: ______ Phone No.: ______

Presenting Problem(s): ________________________________________________________

Other Reference No. (A#, Adolescent Judiciary #, etc.): ______

Citizenship: ______

Date of Birth: ______

Birth Place: ______

Biological Gender: ______

Gender Identity: ______

Race: ______

Ethnicity: ______

Initial Contact: ______

Source of Referral: ______

Do you consent for (AGENCY NAME: ____________) to contact the Source of Referral? □ Yes □ No

Referral Contact Name: __________________________ Phone No: ______

Personal Contact Name: __________________________ Phone No: ______

Emergency Contact Name: _________________________ Phone No: ______

(By entering contact information, you are consenting that we contact this person in case of emergency)

Health Insurance: ______

Membership #: ______

Employment Status: ______

Veteran: □ Yes □ No 22a

Current living arrangements (check one of the following): 6

□ Houseless □ Living in other’s homes □ Living in my home □ Jail / Incarcerated

Marital status (check one): 6 □ Never Married □ Divorced □ Now Married

□ Widowed □ Separated □ Living together

Number of children living with you: 23 __ Ages: ____________ Pregnant: □ Yes □ No 23a

Describe Current Legal Status: ______

__________________________________________

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1. Have you been in a controlled environment in the past 30 days?  □ Yes  □ No
   □ Jail  □ Alcohol/drug treatment  □ Medical treatment  □ Psychiatric treatment
   □ Other: __________________________

2. Do you need transportation assistance?  □ Yes  □ No  6

3. Do you consume tobacco products?  □ Yes  □ No  6

4. In the last 30 days have you misused alcohol or other drugs?  □ Yes  □ No  6

5. Are you an Injection Drug User?  □ Yes  □ No  26

6. Have you ever felt you should cut down on your drinking or drug use?  □ Yes  □ No  Cage-Aid

7. Have people annoyed you by criticizing your drinking or drug use?  □ Yes  □ No  Cage-Aid

8. Have you ever felt bad or guilty about your drinking or drug use?  □ Yes  □ No  Cage-Aid

9. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?  □ Yes  □ No  Cage-Aid

10. Current medical problems:  □ Yes  □ No  PCP Doctor’s Name:  27 __________________________

11. List medications currently using (over the counter and prescribed):  28 __________________________

12. Do you have any current medical or psychiatric concerns?  □ Yes  □ No  6 __________________________

13. Do you have any chronic health conditions?  □ Yes  □ No  6 __________________________

14. Do you have any mental health conditions?  □ Yes  □ No  6 __________________________

15. Do you have a history of causing physical harm to others?  □ Yes  □ No
   If yes, current risk action:  6 __________________________

16. Do you have a history of causing physical harm to yourself?  □ Yes  □ No
   If yes, current risk action:  6 __________________________

17. What services are you interested in?  □ Counseling  □ Sober Living  □ Outpatient
   □ Residential  □ Other  29 __________________________
The following document is the Work Flow to filling out HI-WITS based on the Standardized Intake Form

as always Please Contact the HI-WITS helpdesk if need help with WITS;

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HI-WITS Training: Standardized Intake Form

**Situation:** The Standardized Intake Form is being Developed to Streamline Intake Process. Here we will provide a general direction of where you will transcribe all the fields from the Standardized Intake form into HI-WITS.

*Note: Not All Fields on Standardized Intake Form are on One Page in WITS*

1. After Login, Select Assessor Facility, Click Go then Click Client List.

ALWAYS SAVE
2. Click on the Activity List under the Left Hand menu pick. Click Start New Episode, and Begin the Intake Process. **ALWAYS SAVE**

3. Under the Client Profile Click on Contact Info under the Left Hand menu pick. Then Click on Add Address. Completing all requiring fields. **ALWAYS SAVE**
4. Under the Client Profile you will continue in Contact Info under the Left Hand menu pick and input the Phone Numbers if Applicable. **ALWAYS SAVE**

5. Under the Client Profile Click on Other Info under the Left Hand menu pick, and input the Clients Contact Information. **ALWAYS SAVE**
6. Under the Client Profile Click on Collateral Contacts under the Left Hand menu pick, and input all the additional contact info collected on the Standardized Intake Form. ALWAYS SAVE

7. Under the Client Profile Click on Payor Group Enrollment and fill out the Clients Health Insurance information if Applicable. ALWAYS SAVE
8. Under the Client Profile Click on Activity List, then Click on Treatment, then on Medications. Click Add New Medication and fill out all required fields Applicable. **ALWAYS SAVE**

9. Select Screening from Left Menu Pick, then Click **CAGE-AID**. Next you will click Add New **CAGE-AID**
10. Answer Questions, Click Save and Finish

1. Answer Questions

2. Click "Save" and "Finish"

ALWAYS SAVE