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|-----------------------|--|---------------|--|
| Effective Date | | Author | |
|-----------------------|--|---------------|--|

Client Record

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|--|--|------------------------|--|
| Client ID | | | |
| First Name at Birth | | Last Name at Birth | |
| Middle Name at Birth | | Suffix at Birth | |
| Mother's First Name | | Date of Birth | |
| Place of Birth - Country | | Place of Birth - State | |
| Place of Birth – County | | Gender | |
| Primary Language | | Preferred Language | |
| Is the client of Hispanic or Latino ethnicity? | | Race(s) | |

Additional Client Information

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|---|--|---------------------------|--|
| Current First Name | | Current Last Name | |
| Current Middle Name | | Current Suffix | |
| Social Security Number | | Client Index Number (CIN) | |
| Has the client experienced a traumatic event? | | Special Population | |

CSI Standalone Collection

Client is being admitted to an acute 24-hour Mental Health Service

Legal class at Admission

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Admission Necessity Code

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Client is being discharged from an acute 24-Hour Mental Health Service

Legal class at Discharge

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Patient Status Code

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General Medical Condition(s)

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| 1. | |
| 2. | |
| 3. | |

Does the client have a Substance Abuse/Dependence issue?

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Periodic Record

Current Employment Status

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Highest Completed Education Level

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Conservatorship/Court Status

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Living Arrangement

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CSI Standalone Collection

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| # of persons under the age of 18 the client is responsible for more than 50% of the time | |
| # of persons over the age of 17 the client is responsible for more than 50% of the time | |

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|------------------|--|-------------|--|
| Signature | | Date | |
|------------------|--|-------------|--|

| | |
|---|--|
| Printed Name & Credentials | |
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