

Client Episode Opening

Confidential Patient Information
See Welfare & Institutions Code:5328

Client Number: _____ RU: _____

Client Name:

Last: _____ First: _____ MI: _____

PLEASE Print Legibly

1: Client Address:

Street No.: _____ Direction: _____ Street Name: _____ Type: _____ Apt: _____

City: _____ State: _____ Zip Code: _____ + _____ Ph#: (_____) _____ - _____

Opening Date: ____ / ____ / _____ 2: Referral From: _____ 3: Legal: _____ 4: Trauma: ____
Y=Yes, N=No, U=Unk

5: Initial Diagnostic Impression

Axis 1: _____ . _____ Axis 2: _____ . _____ Axis 3: _____ Axis 4: _____ Axis 5: _____ Past: _____

Additional Diagnosis   Axis 3 = Gen Med Condition Code (3) or Gen Med Diagnosis

Axis 1: _____ . _____ Axis 2: _____ . _____ Axis 3: _____



6: Substance Abuse/Dependence:

Axis 3: _____ Issue: ____ Diagnosis: _____
Y=Yes, N=No, U=Unk

 Enter "P" for Primary Diagnosis and "S" for Secondary Diagnosis

7: Clinical ID: _____ 10: ** Living Situation: _____ 13: Admission Hour: **DISPLAY ONLY** 16: Scheduled: _____

8: Physician ID: _____ 11: ** Employment Status: _____ 14: ** Legal Consent: _____ 17: DNR: **Display only**

9: Source of Income: _____ 12: Type of Employment: _____ 15: Research Item: _____

Inpatient only

18: Patient Location: _____ 19: Effective: ____ / ____ / _____

Stability Rank: **FIELD NOT USED**

Meds Only?: **FIELD NOT USED**

SOC/CULT TRAUMA: **FIELD NOT USED**

Date of Rating: **FIELD NOT USED**

UC Stab Rank: **FIELD NOT USED**

UC Rating Date: **FIELD NOT USED**

THE INTAKE WORKER SIGNS AND DATES THE FORM

Completed by: _____ Date: _____

**** Periodic data must be entered on the CSI Periodic Screen in ADDITION to the Episode Screen.**

CLIENT EPISODE OPENING CODES

1: **Client Address** - Enter client's address in the address fields. If address is on file, it will be displayed in these fields. Review and correct if necessary.

2: **Referral From-** The codes below are alternative to 5-6 digit program/agency referral codes.

01	Self	13	Psychiatric SNF	33	Private MH Practice	46	Alcohol Abuse Program
02	Family	14	Alternative to Hospitalization	37	Case Management	47	School/College
03	Friends	15	CRTS Program	38	Homeless Program	48	Vocational Rehab Program
04	Employer	17	Jail	40	Medical Inpatient	49	Veterans Administration
05	Other	20	Acute Day Treatment	41	Medical Outpatient	50	Clergy or Religious Org.
06	County Resident	21	Habilitative Day Treatment	42	Convalescent Hosp	51	Other Human Service Org.
10	State Hospital MH	30	Emergency Psychiatric	43	Dept. Social Services		
11	State Hospital DD	31	Suicide & Crisis	44	Criminal Justice		
12	Other Psychiatric Hosp	32	Outpatient Clinic	45	Drug Abuse Program		

3: **Legal Status-** The codes below are only the most commonly used Legal Status codes.

W60000	Voluntary		W53520	Temporary Conservator ship
W51500	72 Hour Hold		W53521	Temporary Conservator ship Extension
W55850	72 Hour Hold for Minor		W53550	Permanent Conservator ship
W52500	First 14 Day Hold		W53551	Permanent Conservator ship Extension
W52600	Second 14 Day Hold		P10260	Not Guilty by Reason of Insanity
W52700	30 Day Extension for Grave Disability		P13680	Incompetent To Stand Trial
W53000	180 Day Post Certification			

5: **Diagnosis-**

- Axis 1 and Axis 2: Enter up to two five-digit diagnostic codes including the decimal point: example, 296.44. Some codes start with "V" in the initial digit: example, V71.09. Consult the system manager for the codes. You must enter data in these fields. Also included with the Axis 1 and Axis 2 are the indicators "P" for primary or "S" for secondary, complete as appropriate.
- Axis 3: Enter up to three General Medical Condition Summary Codes or an Axis 3 diagnosis code including the decimal point. (optional coding/diagnosis)
- Axis 4: Enter the appropriate code as indicated in the MHS INSYST Mini Manual. You must enter data in this field.
- Axis 5 : Current and Past: Enter assessments of the client's current and past functioning using the Spitzer GAF Scale. Numbers from 000 to 100 are valid. 000 = unknown. You must enter data in these fields.

Diagnosis Axis 3- General Medical Condition Summary Code:

01	Arterial Sclerotic Disease	11	Cirrhosis	21	Osteoporosis	31	Physical Disability
02	Heart Disease	12	Diabetes	22	Cancer	32	Stroke
03	Hypercholesterolemia	13	Infertility	23	Blind / Visually Impaired	33	Tinnitus
04	Hyperlipidemia	14	Hyperthyroid	24	Chronic Pain	34	Ear Infections
05	Hypertension	15	Obesity	25	Deaf / Hearing Impaired	35	Asthma
06	Birth Defects	16	Anemia	26	Epilepsy / Seizures	36	Sexually Transmitted Disease (STD)
07	Cystic Fibrosis	17	Allergies	27	Migraines	37	Other
08	Psoriasis	18	Hepatitis	28	Multiple Sclerosis	99	Unknown/Not Reported General Medical Cond
09	Digestive Disorder	19	Arthritis	29	Muscular Dystrophy	00	No General Medical Condition
10	Ulcers	20	Carpal Tunnel Syndrome	30	Parkinson's Disease		

9: **Source of Income**

0	Not Collected	3	Disability	6	Other (V.A, Rent, Interest, Dividends, etc.)
1	None	4	Retirement	7	Unknown
2	Earned thru Employment	5	General or Public Assistance		

10: **Living Situation**

05	Foster family home (for children)	20	Small Board & Care home (6 beds or less)	36	Mental Health Rehabilitation Center
06	Single room (motel, rooming house)	21	Large Board & Care home (7 beds or more)	37	PHF/Inpatient Psych
07	Group quarters (dorm, migrant barracks)	22	Residential Treatment Center	40	Drug Abuse Facility
08	Group home	23	Community Treatment Facility	41	Alcohol Abuse Facility
09	CRTs long-term or transitional housing	24	Adult Residential / Social Rehabilitation	42	Justice Related
10	Satellite housing	31	State Hospital	50	Temporary Arrangement
13	House or Apartment	32	VA Hospital	51	Homeless, no identifiable county residence
14	House or Apt. w/support	33	SNF/ICF/IMD, for Psychiatric reasons	52	Homeless, in transit
15	House or Apt. w/supervision	34	SNF/ICF/Nursing home for physical health reasons	98	Other
16	Supported housing	35	General hospital	99	Unknown

11: **Employment Status**

01	Competitive job market, 35 hours or more per week	07	Rehabilitative work, 20 to 35 hours per week	13	Unemployed, not actively seeking work
02	Competitive job market, less than 20 hours per week	08	School, full-time	14	Retired
03	Competitive job market, 20 to 35 hours per week	09	Job training, full-time	15	Not in the labor force
04	Full-time home making responsibility	10	Part time school / job training	16	Unknown
05	Rehabilitative work, 35 hours or more per week	11	Volunteer work	17	Resident / Inmate
06	Rehabilitative work , less than 20 hours per week	12	Unemployed, actively seeking work		

12: **Type of Employment**

0	Not Collected	2	Production, Inspection, Repair, Craft, Handlers	4	Farming, Forestry, Fishing
1	Executive, Admin., Managerial	3	Sales, Service	5	Unemployed

14: **Legal Consent-** Indicate what authority you have to treat minors.

0	Unknown	C	Murphy Conservator ship	G	Juvenile Court, Dependent of Court
9	Not Applicable	D	Probate	H	Juvenile Court, Ward Status Offender
A	Temporary	E	PC 2974	I	Juvenile Court, Ward Juvenile Offender
B	Lanterman-Petris-Short	F	Representative Payee w/out Conservator		