

CLIENT REGISTRATION

Confidential Patient Information
See Welfare & Institutions Code:5328

Client Registration: ____ Client Update: ____ Data Entry Initials: ____

Reporting Unit Number: ____

Client Number: ____

PLEASE Print Legibly

CLIENT NAME:

Last Name: _____ First: _____ Middle: _____

Generation: ____ Birth Date: ____ / ____ / ____ Sex: ____ SSN: ____ - ____ - ____

CIN: _____

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|--|--|-----------------------------------|
| 1: ** Education: ____ | 9: Other Factors: FIELD NOT USED | 15: Other ID: FIELD NOT USED |
| 2: Disability: ____ | 10: Service Group: FIELD NOT USED | 16: Local Code: FIELD NOT USED |
| 3: Primary Lang: ____ Preferred Lang: ____ | 11: Primary RU: FIELD NOT USED | 17: Program Code: FIELD NOT USED |
| 4: Ethnicity/Race: ____ | 12: Chart Location: FIELD NOT USED | 18: Research Item: FIELD NOT USED |
| 5: Hispanic Origin: ____ | 13: Ref. Staff ID: FIELD NOT USED | 19: Special POP: FIELD NOT USED |
| 6: Marital Status: ____ | 14: ** Care Giver Under 18: ____ Over 18: ____ | |
| 7: Family Size: FIELD NOT USED | 20: Enter Address: ____ | |
| 8: Annual Income: FIELD NOT USED | 21: Significant Others: ____ | |

Aliases Name:

22: Last Name: _____ First: _____ Middle: _____

Client Birth Name:

23: Last Name: _____ First: _____ Middle: _____

24: Generation: ____ 25: Birth Place: ____ - ____ - ____ 26: Mother's first name: _____

27: Prior Hosp: ____ (0=No, 1=Yes, 9=Unknown) 28: AB3632: ____ (Enter UPPER CASE Y/N)

29: Client Address:

Street Number: _____ City: _____
Direction: ____ State: ____ Zip Code: ____ + ____
Street Name: _____
Type: ____ Phone Number: (____) ____ - ____ Ext: ____
Apartment: ____ 31: Census Tract: FIELD NOT USED
30: County of Responsibility: (only use if directed) ____

32: Significant Other:

Last Name: _____ First: _____ Eff. Date: ____ / ____ / ____
Relationship to Client: _____ Exp. Date: ____ / ____ / ____
Address: _____ City/State: _____ Phone: (____) ____ - ____

Completed by: _____ Date: _____

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

CLIENT REGISTRATION CODES

1: **Education** - Enter in the number indicating the **highest grade** completed. If the highest grade is greater than 20, enter “20”, if the highest grade is unknown then enter “99”.

2: **Disability** - Section 503 of the Federal Rehabilitation Act of 1973 defines “disability” as a physical or mental impairment that **substantially** limits one or more of the major life activities of the individual, a record of such impairment, or being regarded as having such an impairment.

Circle and add the number codes to create the sum of all of the client’s physical disabilities, as stated by the client, and enter the total in this field.

00	None	04	Speech Impairment	32	Other Physical Impairment
01	Severe Visual Impairment	08	Physical Impairment/Mobility	99	Unknown
02	Severe Hearing Impairment	16	Developmentally Disabled		

3: Primary Language & Preferred Language

A	English	H	Cambodian	O	Italian	V	Mandarin	1	Thai
B	Spanish	I	Sign ASL	P	Mien	W	Portuguese	2	Farsi
C	Chinese Dialect	J	Other Non-English	Q	Hmong	X	Armenian	3	Other Sign
D	Japanese	K	Korean	R	Turkish	Y	Arabic	4	Other Chinese Dialects
E	Filipino Dialect	L	Russian	S	Hebrew	Z	Samoan	5	Ilocano
F	Vietnamese	M	Polish	T	French				
G	Laotian	N	German	U	Cantonese				

4: **Ethnicity/Race**– Enter up to **FIVE codes** which best represent the client’s ethnic group(s) as identified by the client.

A	White	G	Laotian	L	Other Non-White	Q	Korean	W	Mien
B	Black	H	Cambodian	M	Unknown	R	Samoan		
C	Native American	I	Japanese	N	Other Southeast Asian	S	Asian Indian		
E	Chinese	J	Filipino	O	Hmong	T	Hawaiian Native		
F	Vietnamese	K	Other Asian	P	Other Pacific Islander	U	Guamanian		

5: Hispanic Origin

1	Not Hispanic	5	Other Latino	N	Nicaraguan
2	Mexican/Mexican American	G	Guatemalan	S	Salvadoran
4	Puerto Rican	M	South American	U	Unknown/Not Reported

6: **Marital Status**–NOTE: Code 1, Never married is used for a single person who does not live with girlfriend/boyfriend and has never been married.

1	Never Married	3	Widowed	5	Separated
2	Married/Live Together	4	Divorced/Dissolved	9	Unknown

14: **Care Giver**- Enter the number of persons the client cares for or is responsible for at least 50% of the time, under the age of 18 and over the age of 18.

00	None	1-98	Number of Persons	99	Unknown
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22: **Aliases Last name**- If the client has ever used a different name, type that information here.

29: **Client Address**- Enter the client’s **home address**. If the client is homeless, enter “homeless” as the street name and indicate the City and Zip Code where the client usually sleeps.

32: **Significant Other**- Enter **name, relationship, telephone number**, and **address** of any person(s) who has an important relationship with the client. The relationships currently defined are:

Father	Husband	Relative	Friend	Therapist	Probation Officer
Mother	Wife	Guardian	Partner	MD / Physician	Parole Officer
Son	Brother	Conservator	Employer	Board Care	Other
Daughter	Sister	Attorney	Minister	Psych	

The intake worker signs and dates the form